

California State Journal of Medicine.

Published Monthly by the
Medical Society of the State of California

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Office of the Journal, 31 Post St. San Francisco

NOVEMBER, 1902.

EDITORIAL NOTES.

The *California State Journal of Medicine* will hereafter take the place of the Annual Volume of Transactions of the Medical Society of the State of California. The Journal will be sent free to every member of the State Society and will be issued monthly. All communications should be addressed to the "Editor of the Journal," 31 Post street, San Francisco. In addition to the official reports of the annual meetings of the State Society, and the papers and discussions of the scientific section, the Journal will publish a limited number of original articles, reports of county societies and such other matter as may be of interest.

The advertising pages of the Journal will be limited in number and will be open only to advertising matter which complies with the strictly ethical standard that is so well understood by all, yet so frequently forgotten—when there is a financial reason to forget.

The Journal will not be responsible for the statements or ideas put forth in the original communications, scientific papers or discussions which it may print. It will not publish for any consideration matter of the "reading notice" sort, nor will it permit any "original article" infected with the bacillus of this disease to appear in its pages knowingly or wittingly.

The Journal will be the partisan of no one and nothing, save only and always an energetic partisan for honest, legitimate, ethical practice of the regular profession, for truth and right, and, first, last and all the time, for ORGANIZATION, and again ORGANIZATION, of the regular profession of California into a united body—the State Society.

In reluctantly taking up the task of starting the California State Journal of Medicine, at the request of the Board of Trustees of the State Society, the editor bespeaks the friendly aid and assistance of every member of the State Society and of every regular practitioner of California, who should be a member of the State Society, if he is not. The work at hand to be done is

great; yet it can be easily done if the professional men of California will stand by their State, their State Society and their State Society's Journal. The "right hand of the continent," the best and the most richly endowed strip of country in these United States—God's country—should have a united medical profession and a big and powerful State Medical Society. It can have and it will have such a united profession and such a society, working for the right and for scientific truth, for honesty of purpose, and for the betterment of the practice of medicine, if each one will do his own little to help along the one much-desired end. Help a little; help a little more; and then help again.

The Medical Society of the State of California, at its meeting in 1901, decided to adopt the reorganization scheme suggested by the American Medical Association, and on motion a committee was appointed to

MEMBERSHIP IN STATE SOCIETY.

formulate a new constitution and by-laws. At the meeting of 1902 the constitution and by-laws prepared by this committee were formally adopted; they were then printed, and a copy was sent by the secretary to each member of the State Society. Under the new plan of organization county medical societies that affiliate with the State Society become members of the State Society and the members of such county societies become members of the State Society *ipso facto*. The annual dues to the State Society are now paid by the county societies, and the amount for the present year has been fixed at one dollar for each member. The full amount, together with a correct list of the officers and members, and the delegates to the Legislative Branch of the State Society, must be sent by the secretary of the County Society to the secretary of the State Society at least one week before the date of the annual meeting.

The attention of the regular practitioners of the State is earnestly called to the following extracts from the new by-laws:

Article XIV, Section 1. "Each county medical society now existing, or which may hereafter be organized, that shall elect to become affiliated with the Medical Society of the State of California shall transmit to the secretary of the said State Society a copy of its by-laws and rules, with the names of officers and members, and as soon as the report is returned approved by the Judicial Council the society will thereafter be recognized as an affiliated society and authorized to elect delegates to the Legislative Branch of this society." (One delegate for every fifty of its members, and one for any additional fraction of that number; each society having less than fifty members shall be entitled to one delegate.)

Article XIII, Section 1. "It shall be the privilege and duty when practicable of members of the regular profession living in any county in this State to organize a county medical society to affiliate with the State Society, provided that public notice of the meeting for that purpose be given and that all regular physicians in good standing in the county be invited to join therein. Such society may elect officers and adopt by-laws that do not contravene those of the State Society. But one county medical society in each county of the State shall be recognized in affiliation with this society."

Article I, Section 3. "Any regular physician residing in a county in which there is no county medical society in affiliation with this society, may make application for membership to the Judicial Council. The council shall ascertain the qualifications and standing of the applicant, and report to the Legislative Branch at the next annual meeting. If such report be favorable, and adopted by a majority vote of the Legislative Branch, the applicant shall be declared a member of this society."

Careful consideration of these sections cannot be too strongly urged upon the physicians of the State. County societies now existing should immediately take up the matter of affiliation with the State Society, if not already affiliated, and see that such affiliation is secured in time to elect delegates and attend the next meeting of the State Society at Santa Barbara April 21, 1903. Every regular practitioner of the State should be a member of the State Society and of the American Medical Association. Before long membership in the State Society will carry with it membership in the American Medical Association.

In most cases the dues to the county society need not be increased in order to cover the assessment to the State Society, one dollar annually for each member. Most existing county societies have little or no need for the money derived from dues, aside from defraying minor incidental expenses of postage, etc., and the tax for membership in the State Society would not be a burden upon any county society treasury.

The Journal is sent free to every member of the State Society.

When the Medical Society of the State of California adopted its new constitution and by-laws at its last meeting it was the intention that its portals should be so wide that no reputable physician in the State should be debarred from membership, or, indeed, should have any excuse for not becoming a member. That these laudatory objects are being realized by the application of county societies for affiliation, is therefore a source of great pleasure

to the officers of the State Society. A few county societies have, however, as yet apparently taken no action in this matter, which is indeed surprising, for in all of them are active workers in the State body; men who are fully alive to the magnificent possibilities of a thorough organization of the medical profession throughout the United States, of which organization this action by our society is but a part. It is urged that every member of the State Society throughout the State make it his special affair to ascertain what steps his local society has taken toward affiliation. No county society has been overlooked in a cordial invitation to affiliate. On May 9th the following letter was sent to the secretary of every county society of whose existence the secretary of the State Society could learn:

"SAN FRANCISCO, May 9, 1902.

"A copy of the new constitution and by-laws of the Medical Society of the State of California is herewith enclosed. You are respectfully urged to take such action as will regularly affiliate you with that body. Yours very truly,

"GEORGE H. EVANS, Secretary."

This letter was sent to the secretaries of eighteen county societies. A number of counties have no county societies. The formation of such in sparsely settled counties, as, for instance, those in the extreme north of the State, can scarcely be looked for; but even here much good could be accomplished by some well-directed effort. A society could be formed by the physicians of Siskiyou, Trinity, Shasta and Tehama, for instance, possibly taking in Del Norte, Modoc and Lassen. It would not be practicable for such a society to meet frequently, because of the difficulties in the way of travel, but organization would enable the physicians in such a district to have proper representation in the State Society, thereby not only benefitting them personally, but, also, by increasing our representation in the House of Delegates of the American Medical Association. (See Art. 7, Sec. 1, by-laws State Society.)

There exist, however, populous counties where local societies should exist, and would exist were it not for conditions of apathy that are truly deplorable; where personal animosities are carefully nurtured; where petty professional jealousies are fostered. The writer on a recent trip to one of these counties urged this matter on two of the representative men there. Their answer was that organization in that county was well-nigh impossible; that an utter lack of *esprit de corps* precluded the possibility of a county organization. Is it possible that petty spites and personal grievances can prevent these men from seeing beyond their narrow horizon the glorious possibilities of a thoroughly organized profession, reaching into every county in the Union? For this is indeed the keynote to the whole situation. The county society must be the unit on which to build this magnificent structure. To be

successful the local body must be alive, and if the local body is to exist and live, you, the reader of this editorial, are responsible. Sink personal grievances, talk to your professional brethren, arrange for a preliminary meeting and HOLD IT! This is the first time an earnest effort has been made to unite the medical profession of this State. Let it not be said that because of your indifference your county has no representation at the State and National conventions. Do not wait for your neighbor; do your duty as a public-spirited physician in your county, and do it now. The secretary of the State Society will be at all times glad to assist you in any way. Write to him. Let him know that some one in your county is interested in a united medical profession.

The deplorable condition of medical journalism in this country is a matter that has frequently been commented upon.

CHARACTER OF ADVERTISING.

For the most part, every medical journal is supported only by its advertising, and consequently is controlled by the advertisers. As a result its advertising pages have comparatively little value, for the reason that few of the subscribers read them, and few who read have much faith in the one-sided story which they tell. They teem with advertisements of "proprietary" and straight-out "patent" medicines; medicines and preparations which no self-respecting practitioner should touch with a ten-foot pole, let alone even consider the possibility of using. Pages of very many journals are devoted to paid notices of these "proprietary" articles, and the average physician cannot tell them from the regular reading matter, which they purport to be. That such advertising pays is made evident by looking through the files of prescriptions at any drug store. Scores and scores of prescriptions will bear such directions as Plunk & Dollar's Pill No. 362; Worth's Syrup Dogood; Elixir rejuvenatis comp. A. B. & Co. And nine times out of ten the physician who orders this stuff does not even know what he is prescribing.

At least one physician of our acquaintance tears the advertising pages out of such journals he receives before he undertakes to even look through them.

The California State Journal of Medicine, the official organ of, and partly supported by the Medical Society of the State of California, does not propose to print any such advertising. It will attempt to make its advertising pages as useful to its readers as the pages of reading matter. So far as is practicable, the things advertised in this journal will be tacitly vouched for by the Journal; no matter will be accepted for the advertising pages that is not strictly ethical and legitimate; that is not directly opposed to the

spirit of quackery represented by the "proprietary" and the "patent" medicine.

The editor, who is under bonds to publish the Journal monthly, and is personally responsible for all financial obligations connected with its publication, has been advised that he will secure little or no advertising on the basis outlined. This may or may not be true, but he is going to try it, even if he "goes broke." If the regular practitioners of this Coast and country desire to see one journal in the United States conducted on such a policy, then there is no danger of the Journal not paying its own expenses.

In another part of the Journal will be found an article, written by a layman, but a trained observer and a journalist of very considerable reputation on this coast, setting forth a few facts as to the sanitary—or rather unsanitary—condition of the Aleuts. To be sure, the blighting touch of civilization has been shown hundreds of times and in many quarters of the world, yet here it is graphically presented for consideration. The effects of change of food and clothing, with the consequent appearance of certain diseases, are worthy of note, for apparently endemic tuberculosis is at least one direct result.

The visit of Professor Lorenz has not been an unmixed joy to a good many medical gentlemen of this country. The majority of the physicians of the

United States regard too much newspaper attention rather as notoriety than as fame. It is urged

that Professor Lorenz looks upon this feature of his trip with considerable amusement and not a little pleasure, thinking it an American custom; but surely he could have been disabused of this idea long since. Of his ability there can be no question; yet there are a number of men in our own country who are at least as able and who are not prevented from doing other surgical operations by reason of physical disability. All his surgical operations are bloodless; for he can now do no operation that is "bloody." In this country the bloodless operation for the relief of congenital dislocation of the hip has been practically abandoned for four or five years, for the reason that better results have been found to follow cutting down upon the joint, incising the capsule and ligaments, and thus replacing the head of the femur. The operation is performed under aseptic conditions, healing is rapid and uneventful, and the result is eminently satisfactory. Dr. Lorenz is beyond question an unusually able "bloodless" surgeon and a very charming man, yet it is somewhat nauseating to the self-respecting American physician to see the amount of newspaper notoriety that heralds and follows his progress through the country.

A recent editorial in American Medicine calls attention to the fact that the Philadelphia County

PROTECTION IN ORGANIZATION. Medical Society has taken steps to so reorganize its constitution and by-laws as to provide for protecting its members in malpractice suits. The value and importance of such a move cannot be overestimated. Mutual protection and work for the common good is the very keynote of organization, and a thoroughly organized medical profession could protect itself and its members at far less cost per capita than any insurance company doing business for revenue only ever can or ever could. If every physician belonged to a county society that was an integral part of a State society, such a solid organization could guarantee to protect all its members against malpractice suits and other blackmailing schemes; for the average malpractice suit is nothing more than legalized blackmail. Let every physician in California take this matter under careful consideration. It is not visionary; it is a practical project and could easily be managed if petty jealousies and trivial spite were laid aside just far enough to enable every practitioner in the State to come into the State Society. Under the reorganization plan the annual dues can be adjusted from year to year, so that the cost per capita would vary with the expenses. Probably at no time would the charge per member exceed five dollars, the amount of the annual dues under the old plan of organization of the State Society.

Organization means protection. In these days of "community of interest" schemes and combines it seems almost an absurdity to call attention to the value of combination and organization. Combine; organize; protect ourselves and each other.

Infection produced in man by contact with animals is a question for research work that has been knocking at the laboratory door for many years, yet

URGENT NEED OF RESEARCH WORK. has scarcely been admitted for consideration. In a few

instances considerable work has been done; yet it is trifling in comparison with what remains to be done. For longer than it is pleasant to think about, the majority of the medical profession seems to have been of the opinion that every diseased condition encountered could be placed in one of the not very numerous classes of diseases or pathological conditions already well understood. Only within very recent years has the possibility of doubt crept into the minds of the men who practice medicine, to the fatal disturbance of this comfortable theory. Next to consolidation, what medicine needs most is a goodly corps of skilled and able men, well paid and substantially supported in the matter of laboratory equipment, to devote their lives to research work.

There is still a possibility that medicine may some day graduate from an Art to a Science.

"Especial attention should be given to the resolutions, etc., published elsewhere of the national conference of the State and Provincial Boards of Health of **SAN FRANCISCO AND THE PLAGUE.** North America, held recently in New Haven, Conn.* The authorities at San Francisco deserve the severest rebuke for their negligence in the matter of bubonic plague in that city. The various State Boards of Health in the United States are asked to unite in calling upon the Surgeon General of the Marine Hospital and Public Health Service to arrange at the earliest possible date a joint conference for the purpose of eradicating plague from the United States. Since March 8, 1900, there have been 88 cases recorded in California, 15 of this number occurring since September 9, 1902. It is rumored that many other cases have occurred which were not reported. The strange persistence in the policy of concealment on the part of the political and commercial authorities in San Francisco is thus having the result of which we have repeatedly given warning. It is not improbable that cases of plague are occurring in many parts of the West and South. We hope the officers of the Marine Hospital Service will extend their investigations into these sections, and that the policy of publicity and absolute frankness may prevent the appalling calamity that is bound to follow secrecy in these matters."—American Medicine, Nov. 8, 1902.

*The full text of this report and the resolutions will be found in another part of the Journal.

In the report of the meeting of the State and Provincial Boards of Health, as printed on another page, is stated that the Special Commission, after having been invited to work in the laboratories of the University of California Medical Department, were requested by President Benjamin Ide Wheeler to vacate the premises. This is not the case. Certain bills were pending in the State Legislature at the time which, had they passed, would have made every man connected with the Pathological laboratories of the University subject to a charge of felony.

When this fact was explained to the Commissioners they voluntarily moved to the City Hall and there conducted their investigations with apparatus loaned for the purpose by the Medical Department of the University of California.

President Wheeler did not have any connection with the matter in any way.

The circulation of the Journal is, by no means, to be confined to the members of the State Medical Society. The matter found in this issue furnishes a fair indication of the character of the publication.

Any reader not a member of the State Society who desires to become a regular subscriber, may do so by remitting \$3.00 to the publication office, 31 Post street, San Francisco.

SOME NOTES ON THE VISIT OF PROFESSOR LORENZ OF VIENNA TO SAN FRANCISCO.

Reported by Philip Mills Jones, M. D.

PROFESSOR ADOLF LORENZ, a well-known orthopedic surgeon of Vienna, in making a tour of the United States, visited San Francisco and Los Angeles, arriving in the former city on the evening of November 2d from Salt Lake. He was heralded in the daily papers as a recently discovered star in the scientific firmament, whereas Doctor Lorenz has practiced his present method since 1895, and is the author of at least two works of wide circulation on the subject of orthopedic surgery.

Professor Lorenz is a tall, broad, muscular man of forty-eight or thereabouts, and wears a long, full beard. In speaking of his life and work he said:

"I was born on a farm in Northern Austria. My father was not particularly wealthy and I had to work hard—very hard. I did not go to Vienna until I began the study of medicine. When I entered the university there I soon became interested in orthopedic surgery, and I have since made this study the aim of my life. I was a poor student, at least so far as money goes, and I had no easy time of it.

"About nine years ago Paci, a well-known surgeon of Italy, and I, at about the same time, conceived the idea of an operation by manipulation—that is, an operation without the use of the knife. This idea came to both of us about the same time, as I have said. I operated upon a child and the operation brought about the happiest results. The operation was entirely successful.

"On the other hand, Dr. Paci chose for his patient an adult, and he failed at the time.

"That I did make and have since made such actual reductions have been proved by anatomical dissection, which is unanswerable. The X-ray, the functional result and the unmistakable phenomena at the time of the operation prove that actual reductions are made.

"The success of the treatment depends upon a minute attention to details after the first actual reduction of the dislocation is made. These details refer to the position of the limb, the stretching of the contracted and redislocating muscles and the enlarging of the anterior portion of the capsule of the socket, and by manipulation before encasing the limb in the plaster cast.

"After this is done I apply a plaster of Paris dressing, such as will thoroughly immobilize the limb and still permit sufficient weight to be transmitted through the shaft to the bone to enable Nature to do her part of the work in forming and deepening the socket, which must so grasp the head of the bone as to give it support after the patient dispenses with the plaster."

Tuesday forenoon a number of practitioners met

Professor Lorenz at the offices of Dr. Harry M. Sherman to examine several cases and discuss the treatment employed by the distinguished Austrian.

The first case presented was that of spinal curvature in a young girl patient of Dr. Sherman's. He had first seen the patient in 1893 and had used the Bradford compression treatment to the spine, which helped somewhat. When first seen the deformity was rapidly increasing. The Bradford treatment, jackets and exercise kept the deformity about stationary. In 1901 she returned, but had not been wearing her brace for some time, and the tracings showed the deformity to be distinctly worse.

Doctor Lorenz said the patient looked to be a very healthy girl, but the question arises, is she rachitic? When the high point is at the center of the spine it seemed to him to indicate rickets. Doctor Sherman replied that he thought all of these cases are more or less rachitic. Doctor Lorenz said he should advise forcible flexion and extension. If there is pain, she should wear a corset or jacket. Doctor Sherman explained that there seemed to be more of fatigue than of pain. The patient had worn jackets of leather braced with steel bars made from a torso, the jacket being slightly straighter than the torso, for nine years. Doctor Lorenz said he felt that the patient should ask for the jacket, is it be properly made, must need its support and miss it when taken off. The child, he said, should have regular exercise, with forcible movements, pressure upon the spine and massage three or four times a day. The deformity would then probably not increase. In this opinion Doctor Sherman quite agreed. Continuing Doctor Lorenz said he would suggest a corset made somewhat longer and stronger than the ordinary corset. The child's mother said the girl did not like any pressure on the body at all. Dr. Sherman said the case was most unusual, for the girl had been brought up on a ranch, was very fond of outdoor exercise and particularly horseback riding. He called attention to the over-extension of the arm—a sign of rickets. Doctor Lorenz remarked there was no question of the existence of rickets, and that the prognosis was good for the deformity to remain as it is. He then mentioned a number of exercises, all of which Doctor Sherman said had been used by the patient in one form or another.

The next patient was a boy whom Dr. Sherman had seen when a baby. He had some trouble with the right shoulder, which the doctor thought was an incomplete posterior dislocation. Doctor Lorenz suggested that it was simply paresis of the muscles. Doctor Sherman stated that there had been some trouble and probably injury at the time of delivery.

He called attention to the peculiar way in which the arm hung, slightly forward, which seemed to indicate something more than simple paresis. Doctor Lorenz recommended exercise and games, such as handball and tennis, and forcible backward movements, so that the joint might become adductible. He recommended for exercise boring holes in a board with a gimlet. After getting all the help possible from muscular development it would be well to do an osteotomy to relieve the deformity.

The next case presented a rather unusual condition of ankylosis of the right wrist. Doctor Davis was the patient, and he received the injury while returning from the Philippines. In playing a game he fell with some men on top of him and suffered a severe sprain. He did not suffer at the time and there was nothing broken. Adhesions were broken up nine months ago. An X-ray plate had been taken the day before the present meeting, which showed the condition very clearly. Doctor Lorenz recommended forcible attempts at movement and exercise with dumb-bells. This he thought would give some relief. He would not advise an operation.

Two cases of spastic paralysis, showing nothing unusual, were also presented and examined.

Later in the morning of the same day Professor Lorenz, accompanied by a number of other doctors, visited the Children's Hospital and operated upon some children with congenital dislocations of the hip.

The first patient was a child eight or nine years of age. The only thing done, on account of the child's advanced age, was to change the dislocation from posterior to anterior, which will result in a slight improvement.

The next patient was a child six years of age. The right hip was reduced with very little trouble, but the left hip was more rebellious and required over a half hour to reduce. Doctor Lorenz announced that the operation will ultimately be successful. A plaster cast was put on the patient, and is to remain for six months.

It may be here stated that one of the points of difference between Professor Lorenz' operation and that practiced by Americans is the length of time the cast is allowed to remain intact. The tendency of American surgeons is to change the plaster cast every few weeks and not allow it to remain on for six months. Lorenz, moreover, applies the plaster over a pair of woolen drawers.

THE ALEUTS: SOME HYGIENIC OBSERVATIONS BY A LAYMAN.

By W. F. B.

AMONG those who have taken upon themselves the care and assistance of the Aleutian race, the problem of health is rapidly becoming of first importance. It is a fact that the ability of the Aleut to withstand the rigors of the climate and to survive the ravages of disease is steadily declining, and each succeeding year gives new proof of his failing physical condition.

Whatever he has been, just now the Aleut is anything but a robust specimen of manhood. He was never large, but the few traditions that have filtered down through the years tell of strength and prowess in war and in the hunt; and tales of physical endurance, of long sieges of hunger and thirst, and rapid journeys on foot over the roughest country of the northwest, seem to indicate that he was never lacking in bodily strength. Even now, hunters who have experience in many lands say that the natives from the Cook's Inlet country, when they can be persuaded to work, are the best packers in the world, and in the days of the otter hunting, not so many years ago, natives would pull steadily at the oars of the otter boats for days at a time; yet, with all that, a touch of the measles or a suggestion of the grip or any pulmonary trouble will wipe out whole villages in a few days.

The natives are peculiarly subject to lung troubles. Consumption is rampant among them, and they

hand it down from generation to generation until practically all those along the coast and in the more accessible villages show the trace of its touch. Two years ago an epidemic of measles ran through the country from the Bering sea to south-eastern Alaska, leaving hundreds of dead in its track. In some villages sixty per cent of the inhabitants died, and in others practically none were left. The grip, too, has had its own way among them.

In all these epidemics this fact is left clear and undisputed—wherever the Aleut has come in contact with the white man, there is the greatest mortality, and this has led to the belief among missionaries, government officials, and physicians who have watched the natives, that the change in the life of the Aleut is working his downfall. Before the entrance of the white man into the country he lived on oil procured from whales, seals and sharks—whale blubber, seal fat, fish, berries, roots, and even grass. He had no flour, no canned meat, no tea, no sugar, and no spirits. He clothed himself in skins and was warm. Now he wears a cotton shirt, cotton underwear and overalls, with perhaps the addition of an old coat for the winter months. It is believed by many, however, that the decline of the native's health is due more to his change of diet than to his present lack of warm clothing.

The reason for this is, that up to a certain point

the native seems unaffected by exposure. Along the southern coast, where the winter months are comparatively mild, the children will run barefooted through the snow until the temperature drops far below the freezing point. Buttoning the coat that was worn open is the only protection they ask from the wind, and men, women and children seem utterly indifferent to wet clothing. They are never far from the water, and they are always wet, but all they ask is to be allowed to sit in their own steam beside a fire not always warm enough to heat the ill-smelling little sod huts they like to live in.

These little huts, called barrabaras, are built without regard to ventilation or sanitation. They stand in little groups, and when the surroundings become too foul the people move. The main room in the barrabara is generally floored with dry grass. A hole is cut in the roof, and just below is the fireplace. In an adjoining room the inmates sleep, all together, and this is generally reached by a very low door. It may have a window, but this cannot be opened. It sometimes has a board floor, but it always reeks with the dampness of years and the entire absence of ventilation which is characteristic of even the best of them. The natives will sit in these houses and stew over the fire, and then they will go out into the cold, cutting air in their thin garments and cool themselves until they are blue in the fingers. But it never seems to harm them much until the end comes. Some day they have a slight cough. It increases, and then soon the news goes round the village that another man is spitting blood. They never last long, nor do they make any effort to help themselves. They continue the old course of life until they are too weak to leave their beds. The priest is sent for, and he prays over them. Some one watches by their side, but no one has any hope for them, and the end comes soon. When the Aleut has made up his mind that he is going to die, it is only a question of time, nor do any of his relatives or friends try to rouse him from his despair.

The effects of exposure were not so fatal during the early history of the race, although the natives were quite as indifferent to their comfort, nor was it as noticeable later when they began to discard their skin clothing; and in the more remote places, where the natives wear a good deal of the white man's clothing, but still adhere to their old delicacies—blubber and oil—the effects of exposure are not serious. This has led to the statement by at least one missionary, who has spent nearly his life among them, that it would be better if all the food of the white man were taken from the Aleut and he should be sent back to the gastronomic condition where he poured whale oil over his berries and ate the mess with gusto.

Outside of consumption, the grip and the measles, the native seems unaffected by disease to any great extent—that is, with the exception of syphilis. This is rife among them—another gift of the white man. All the conditions in which typhoid fever would love to revel are present in any Alaskan

native village, but there has been no typhoid fever to speak of. Perhaps it is that the winters are too cold. In fact, the filth diseases that infect even the cleanest cities are hardly present in Alaska, at least among the natives. There are not many cases of deformity, nor is there any insanity. Perhaps it might be said there are not many who have the brains to become insane.

There are a few native doctors—part "medicine men" and part physician—who treat small aches and pains with herbs and incantations. There is a rough kind of surgery among them, but it is able to deal only with small things—a spear-head in the hand, the spike of a fox-trap in the leg, knife wounds and hurts of that kind—but they have no knowledge of cleanliness. They like to consult a physician whenever possible, and they like to take medicine, the more vile tasting the better. In fact, there are several medicines that they take as beverages. These are patent preparations rich in alcohol, which they know well, and with which they dose themselves to the point of intoxication—their purpose in taking the dose. They will get drunk, also, on cologne and Jamaica ginger. Florida water is a favorite drink with them, and they will have only the best when possible, as a man would ask for his favorite brand of whisky. But they are not particular when the supply is limited. Then they make a drink of their own—a kind of beer, and this they sometimes distill—when they can do so secretly, for it is against the law, or when the supply of beer is plentiful enough to give every man and woman what they want and still leave enough for the distilling kettle.

The drink, and particularly the food, are blamed for the decline of the Aleut. The best proof of this is the course of the measles, two years ago, through the reservations and the missions. There the natives were well clothed and were kept temperate, but they lived on the food of the white man, and when the epidemic had passed, there was but a remnant of them left. Practically every one upon whom the disease alighted lay down and died.

A newspaper dispatch states that the Washington, D. C., coroner performed an autopsy on the body of Miss Louise Hoge of Evanston, Ill., who had been under treatment of a Christian Scientist several weeks for typhoid fever, and who died at the Capital. The result of the autopsy was a decision that Miss Hoge died of pneumonia.

According to the *Los Angeles Express*, an unknown capitalist has supplied funds with which to establish a hospital for the treatment of deformed children by the Lorenz method.

Petaluma is to have a new sanitarium and hospital. Miss I. R. Cox, a trained nurse of experience, who recently rented the Phillips home on Sixth street, is at the head of the enterprise. A feature of the hospital will be an operating room which will be at the disposal of all local physicians.—*Petaluma Argus*.

REPORT OF A FATAL CASE OF GASTRO-DUODENAL ULCER; WITH AUTOPSY FINDINGS.*

By WILLIAM FITCH CHENEY, M. D.

-Professor of Principles and Practice of Medicine, Cooper Medical College,
and Physician to Lane Hospital, San Francisco, Cal.

J. P. S. first called at my office on August 1st, 1901, complaining of pain in the stomach and vomiting. He gave the following history: He was a native of England, thirty-eight years old, by occupation a salesman in a hardware store. His father lived to be aged and died from some cause unknown; his mother died at thirty-six from a strangulated hernia; he had one brother living, but never had any sisters. The patient's previous history was of undisturbed good health until the onset of his stomach trouble; but for several years he had had recurring attacks similar to the one for which he now sought advice, though this one was more severe than any other he ever had. His last previous attack was in January, 1901.

The present attack began with pain in the stomach about three weeks before the patient came to me. This pain occurred especially after taking food and was always worse at night. It was felt just below the border of the ribs on the right side, was stabbing in character and ran through to the small of the back. Such pain had been present to a greater or less degree constantly during the three weeks, no matter what food was taken. Vomiting, the other chief symptom of his attack, had occurred quite regularly since the pain began. It always took place at night, but not every night, and always relieved the pain until food was again taken. The vomited material was mostly liquid, with some food particles in it, and was sour and irritating. No blood had ever been vomited, so far as the patient knew. Besides the pain and vomiting there had been a great deal of flatulence and belching. The appetite had kept good, but the man was afraid to satisfy it. At times there had been a sense of burning and soreness over the stomach, so that the pressure of the clothing could not be borne. The bowels had been persistently constipated. The patient had lost fifteen pounds in weight during the three weeks of his present illness.

Physical examination of the abdomen showed a slightly greater fullness along the right costal margin than along the left, but no other abnormality in contour; on palpation there was greater resistance in the right hypochondrium than in the left, and it was here especially that the patient complained of decided tenderness, although the epigastrium also was sore to deep pressure.

There was no increase in the size of the liver or of the spleen, and no abnormality noted elsewhere in the abdomen. The heart tones were all clear, and breath sounds normal, and the urine showed no trace of albumen or sugar. After the Ewald test meal, the stomach analysis gave a total acidity of 71, with a marked reaction for free hydrochloric acid.

On this history and these findings a diagnosis was made of gastric ulcer, and the patient was advised to enter Lane Hospital for treatment. He went to the Hospital on August 2d, 1901. There he was put to bed and fed exclusively on milk, beginning with a half-ounce, with one drachm of lime water, every two hours, gradually increased until he received six ounces of milk and a half-ounce of lime water at each feeding. After this diet was begun, he never had any more pain or vomiting. In two weeks he left the Hospital and returned to his home. There he continued to receive an exclusive milk diet for two weeks more. Then gradually other articles of food were permitted, but he did not get back to general diet until the end of September. He called on me December 14th, 1901, to report himself perfectly well, having no trouble whatever with his stomach, having regained his former weight, and feeling as well as ever in his life.

I did not see the patient again until July 2d, 1902, when he called upon me, reporting that for about two weeks previous he had been annoyed once more by dyspeptic symptoms, especially pain after food and vomiting. There was some splashing on succussion and considerable tenderness over the stomach, but at that time no localized spot of tenderness. Analysis of a test meal obtained on July 3d showed a total acidity of 100: of this the free HCl was 70, the combined HCl 13 and the organic acids and acid salts 17. Hoping that the condition this time was simply a hyperchlorhydria without ulcer, I directed an exclusive proteid diet and prescribed an alkaline powder of bismuth and magnesia to neutralize the excessive acidity. But these measures afforded no relief. During my absence from the city in July, the patient consulted Dr. Henry Gibbons and was by him advised to give up his work and go to the country for rest. He went away for two weeks, but while in the country continued to suffer severely; and each evening became so distressed that regularly he was compelled to vomit, the vomiting relieving the pain.

*Read before the California Academy of Medicine, October 28th, 1902.

On August 4th he called upon me again, relating his troubles as just described. By this time the patient complained of a spot of tenderness well localized in the epigastrium, shooting through to the back. On the afternoon of August 5th another test meal was given, and the analysis showed a total acidity of 100, with free HCl 65, the combined HCl 25 and the organic acids and acid salts 10. Convinced now that an ulcer was certainly present again, I advised the man to go to bed at his home and to resume the old diet of milk and lime water exclusively. This he agreed to do. On the evening of the 5th, about 9 o'clock, while lying quietly in a reclining chair at his home, he suddenly vomited blood profusely, and had enough of a hemorrhage to cause syncope. When I arrived at his residence he had already been attended by Dr. William Himmelsbach, who lived near by, and had been revived from his faint and put to bed. He was given a hypodermic injection of morphine, an ice bag applied over the stomach and was ordered to receive absolutely nothing by mouth. He had no further hemorrhage during the night, and early the next morning, August 6th, he was removed by ambulance to Lane Hospital.

At the Hospital the orders were that the ice bag over the epigastrium should be continued; that nothing whatever should be given by mouth, and that the patient should receive every four hours a nutritive enema of peptonized milk, six ounces, with the yolks of two eggs. At 4:30 p. m. on the 6th he had a discharge from the bowels consisting of some bright red blood with many darker clots.

At 1:30 a. m. on the 7th, after sleeping the early part of the night, the patient vomited about eight ounces of bloody fluid, which left him feeling very weak; and his pulse rate, which had been about 90 on admission in the morning, now ran up to 122. Fifteen minutes later he had a copious bowel movement of black, tarry material. At 3:45 a. m. he again vomited what appeared to be clear blood, with some clots, and the pulse became so rapid and feeble it could no longer be counted at the radial. At 7:20 a. m., for the third time since midnight, he vomited blood, but this time it was small in amount and dark in color, evidently not fresh. At my visit at 9 a. m. the nurse was instructed to add ten drops of laudanum to each nutritive enema; and a mixture was prescribed containing one drachm of bismuth-subnitrate in a half-ounce of mucilage of acacia, to be given by mouth every four hours. At noon there was another copious defecation of dark, tarry material, and a third at 5 p. m. similar in character. Following this the laudanum was increased to twenty drops in each enema. Towards midnight there was still another passage from the bowels, like the others in character, but small in amount.

On the 8th all of the orders as previously given were continued, nothing being allowed by mouth except the bismuth mixture. There was no

vomiting during the day, but three defecations of tarry, viscid material, evidently from the former hemorrhage.

On the morning of the 9th, the patient having had no hemorrhage since the morning of the 7th, was ordered one-half ounce of milk with one drachm of lime water by mouth every two hours. The nutritive enemata were continued, but once every six hours instead of four. The bismuth mixture was discontinued. The pulse was then 112 and of good quality, and the patient's general condition seemed much improved. For the next few days the progress of the case was in every way very satisfactory. The milk given by stomach was retained and was gradually increased, so that on the 14th he was receiving six ounces every two hours, with one-half ounce of lime water. The nutritive enemata were discontinued on the 11th. The pulse rate gradually came down to 96, the patient gained markedly in color and in strength, and the prospect seemed most encouraging.

On the evening of the 14th he complained for the first time since his hemorrhage of a pain in the stomach. This grew quite severe during the night and interfered with sleep. The ice bag gave no relief, and in spite of a hypodermic of heroin the patient had but little rest. On the morning of the 15th a hot poultice of flaxseed meal was ordered over the epigastrium, to be made very light and kept hot. This relieved the patient somewhat, but did not entirely remove the pain. On the morning of the 16th he complained not only of the pain, but of a sour taste in the mouth, of occasional belching of sour material that burned his throat and of nausea. This continued during the day, and finally at 4 p. m. he vomited a small mouthful of mucus. About fifteen minutes later he said he felt a flash pass before his eyes, and immediately afterwards vomited a copious amount of dark-brown fluid that on examination proved to be partially digested blood. The poultice was at once replaced by the ice bag and all feeding by mouth discontinued. The patient continued to be nauseated, was troubled constantly by hiccough and complained of hot and cold flashes going over his body. At 5:45 p. m. he again vomited a small amount of dark fluid, and at 6 p. m. five ounces of the same material. But after that he had no more distress, and during the night obtained considerable sleep at intervals.

On the morning of the 17th, as no vomiting had occurred since 6 o'clock the evening before, feeding by mouth was resumed, beginning with one ounce of milk every two hours. During the 17th, 18th and 19th all again went well, and the amount of milk allowed was gradually increased until on the morning of the 20th the patient was again receiving his six ounces every two hours. He was then feeling perfectly well, though weak. At 11:45 a. m. he vomited some curdled milk, but

not discolored, and as the vomiting was not repeated the nourishment was not discontinued.

On the 21st he continued to take his full allowance of nourishment all day without discomfort; but at 7 p. m., while drinking his milk, he again felt a sudden flash of light and vomited ten ounces of dark fluid resembling coffee-grounds. Again all nourishment by mouth was at once stopped; the ice bag was reapplied over the epigastrium; a hypodermic of morphine and atropin was given, and the nutritive enemata were resumed. No further vomiting occurred that night.

On the 22d, there having been no further vomiting, the patient was given at 10:30 a. m. one-half ounce of peptonized milk, but vomited it almost immediately. No further attempt to feed by mouth was made that day. Nevertheless, at 5 p. m. he vomited again, two ounces of greenish fluid, but no blood.

Early on the morning of the 23d, about 2 o'clock, vomiting occurred again, of a small amount of mucus but no blood. The patient was greatly nauseated the rest of the night and could not sleep. He had had no nourishment since the evening of the 21st except his rectal enemata, and felt very weak and wretched. At 6 a. m. he was finally given a hypodermic of morphine and under its influence slept for several hours. At 11 a. m. a half-ounce of warm milk was given by mouth and retained, and every hour thereafter during the day. During the night this amount was doubled.

On the morning of the 24th it was discovered that both sides of the face were swollen and that it was hard for the patient to swallow. The temperature also rose during the day, so that at 5 p. m. it was 102 degrees. On examination it was found that a double parotitis had developed as a complication. This was treated simply by applications of hot camphorated oil. The patient was able to take one ounce of milk by mouth every two hours during the day, without nausea.

During the 25th two ounces of milk were taken every two hours and retained without any trouble. The temperature gradually fell and the swelling of the parotids decreased.

On the morning of the 26th the milk was increased to three ounces. During the day the patient complained of some pain in the abdomen, belched occasionally and was very restless; but there was no vomiting until 5 p. m., when he once more rejected his milk. He continued nauseated, and at 6:20 again vomited a small amount of curdled milk and some particles of disintegrated blood. All nourishment by mouth was necessarily discontinued. At 10 p. m. he had a copious, loose defecation, dark in color and tarry in consistency.

On the 27th the case rapidly proceeded to its climax. At 4:45 a. m. there was a second defecation of the same character as that of the evening before, a third at 7:15, a fourth at 11, and a fifth

at 2:30 p. m., all of these passages consisting of old, digested blood. Meantime at 4 a. m. the patient had again vomited a small amount of bloody fluid, and again at 7 and at 11. Towards evening he became irrational and attempted to get out of bed. During the night he lay in a semi-comatose condition, had repeatedly small, loose passages from the bowels and vomited small amounts of bright blood.

On the morning of the 28th at 8 o'clock he vomited again bright blood. Meantime efforts had been made by means of strychnin hypodermically, infusions of normal salt solution and binding the lower limbs, to prevent collapse; but at 8:45 a. m. he expired.

Autopsy was made the same day at noon by Dr. William Ophuls, whose report is as follows:

"The post mortem was confined to the stomach. The stomach itself was of normal size. There was slight obstruction of the pylorus on the posterior surface; on the inside of the pylorus and the beginning of the duodenum there was an ulceration about two by three c. m. and about one-half c. m. deep. The edges of the ulcer were sharply cut. The ulcer was nearly oval. The bottom of the ulcer was clean, formed by a thin layer of fibrous tissue, through which one could see the pancreas. Near the middle and not quite in the middle of the ulcer there was an opening about two m. m. in diameter which led into a large branch of the arteria gastroduodenalis. About one-third of the ulcer was in the stomach and two-thirds in the duodenum."

Could anything more have been done than was done to save the life of this man? From a medical standpoint, I am convinced that no plan of medication or dietetic or hygienic treatment could have overcome the pathological condition that autopsy revealed. From a surgical standpoint, the case was discussed with Dr. Emmet Rixford, who saw it repeatedly with me in consultation. Before the first hemorrhage there was certainly no indication for operation. After the first hemorrhage, when Dr. Rixford first saw the case, the patient's condition was not such as to warrant operation even if it had been considered indicated. After the temporary improvement that followed the first hemorrhage, the blood count showed only 2,240,000 red corpuscles as the highest figure reached. After the second hemorrhage, surgical procedure such as would have been required to cure was never possible, because of the patient's reduced condition. On the 27th, the day before death, the red corpuscles were but 896,000 and the hemoglobin only twenty per cent.

I was convinced by the course of the case that the ulcer was situated in or close to the pylorus, so that whenever the quantity of milk given became sufficiently large to nourish the patient satisfactorily, peristalsis interfered with healing and led to fresh hemorrhage. With this condition in view, the operation contemplated was gastroenterostomy, to put the pylorus at rest; but never

after the second hemorrhage was the patient's condition such as to justify the carrying out of this procedure. The autopsy showed us that excision of the ulcer could never have been done without removal of both the lower end of stomach and upper end of duodenum; even if gastro-enterostomy had been performed, the fatal erosion of the large vessel involved would in all probability have occurred just the same. It is difficult to see, therefore, in the retrospect of the case, knowing what we finally learned of the lesion present, how the ultimate catastrophe could have been averted.

CALIFORNIA ACADEMY OF MEDICINE.

REGULAR MEETING FOR OCTOBER.

DR. WILLIAM FITCH CHENEY read a paper entitled "Report of a Fatal Case of Gastric Ulcer, with Post Mortem Findings."

Before reading his paper, Dr. Cheney called attention to the fact that the title as printed on the notices was somewhat erroneous; it was really a case of gastro-duodenal ulcer. The paper in full will be found on another page of the Journal.

Dr. Quinan said that there were several points of interest to him in the paper of Dr. Cheney. The temperature range was of great interest. Prominent surgical authorities were about equally divided as to whether early operation was advisable or not. In the present case, from the blood studies reported, he had no doubt that the method of internal medication as followed by Dr. Cheney was the best treatment that could have been employed. He asked whether the use of eggs in the enemata which were given to the patient was for a desired emollient effect, or for nourishment.

Dr. Barbat recalled a patient that he had recently seen in whose case there were some points of similarity to that of Dr. Cheney's patient. When he first saw her she seemed anemic and weak; the blood count showed 2,500,000, and the hemoglobine was 65 per cent. Pain after eating was marked and the diagnosis of gastric ulcer seemed very clear. Tonic and simple diet were prescribed. She improved rapidly and was not again seen until two months ago, when all the symptoms of gastric ulcer were again well marked and her general condition was worse than when first seen. Between Saturday and Monday evening she had four quite severe hemorrhages, and it was decided to operate. Cocain anesthesia was employed and the abdomen opened. Careful examination of the stomach did not reveal the presence of an ulcer, though every clinical symptom pointed to its presence. The viscera seemed to be absolutely bloodless. Patient died shortly

after, and even when the stomach was removed the ulcer was with some difficulty found on the lesser curvature. It was small, indurated, and at the center was a perforation into a blood-vessel. He thought that a great deal of damage was caused by the destruction of blood, and that the depression, anemia, etc., was as much due to this destruction of the blood as to the ulcer itself or to the loss of blood by hemorrhage. The specimen was presented and examined with great interest by those present.

Dr. Wilbur mentioned a rather unusual case that he had recently encountered. The patient was a young man who had, shortly before coming under observation, been in the Philippines. The only history obtainable was that after a hearty meal the young man had engaged in a scuffle and that shortly afterward some pain in the abdomen was noted. It was not at the region of the stomach, but was near McBurney's point. There was no special indication of appendicitis, however. He had a severe attack of pain, while at Stanford University, to relieve which, chloroform was employed. On coming out from the anesthetic there was great relief. Later the pain returned; dullness and tenderness were found in the right hypochondriac region, and it was decided to send him to this city for hospital attention. He arrived in a comatose condition. There was no vomiting save after medicines had been taken. The temperature ran up rapidly on the following day, appendicitis was suspected and operation was decided upon. The appendix was found to be only a trifle hyperemic. When the belly was opened a few drops of a milk-like fluid ran out. He vomited one and one-half quarts of mixed food and blood. The wound was closed and an opening made higher up, which disclosed the presence of an ulcer; this was cut out and the wound sutured; the patient died a few hours later of surgical shock.

Dr. Ophuls, in discussing the case presented by Dr. Cheney, said that two points of interest presented themselves to him. First, the ulcer was found with some difficulty, even after the removal of the stomach post mortem. He doubted that it could have been found at all if an operation had been performed; certainly not easily. Second, the history pointed to two ulcers—one old and healed and the other more recent. It is certainly true that very large ulcers of the stomach wall may exist without producing symptoms at all diagnostic. He agreed with Dr. Barbat in the belief that as much damage to the patient resulted from the simple destruction of blood as from the ulcer itself or the hemorrhages.

Dr. Huntington dwelt upon the fact that dilatation of the stomach, which is supposed to be an ever present symptom when the pylorus is affected, was absent in the case reported by Dr. Cheney, and was absent in a number of cases observed by himself; or, if not absent, too trifling to be of note. He referred to a patient whose

history has been published. The patient was operated upon for what was supposed to be cancer of the stomach. Gastroenterostomy was performed and the man entirely recovered and is still alive and well. He thought that ulcers of this tract were undoubtedly due to some blood change, yet the fact remained that very many large ulcers healed without serious injury to the individual. He mentioned a case in which the patient had had a very large hemorrhage, yet eventually recovered. It is impossible to say when the blood plays an important part and when not. He was of the opinion that operations were not performed so early as should be the case, and that he who can early determine when internal treatment should be employed and when operative measures alone will suffice, is an exceedingly careful and expert observer.

Dr. Rixford said that he shared the responsibility with Dr. Cheney, for he had early been called in consultation. After the first hemorrhage it was positively decided to operate as soon as possible; he dared not at the time on account of the low condition of the patient. When the proper time had arrived, the man had another hemorrhage, and this postponed any chance of operation for the time. In these cases the question of operation is a very serious one, for the patients are seldom in good condition and the operation itself is by no means an easy one. In the present case, he thought that if a gastroenterostomy could have been performed the patient would probably have recovered. He then reviewed the histories of four or five cases of ulcer of the stomach in which operative measures had been undertaken, and in some with good results. In one there was a large indurated area near the pylorus which he thought cancerous; gastroenterostomy with the Murphy button was performed and the patient recovered. In his opinion the proper operation in most, if not all of these cases, is gastroenterostomy.

Dr. Brown called attention to the great importance of the proper medical treatment of these cases. He thought it unwarranted to give the patient anything by the mouth for at least two weeks after a hemorrhage from stomach ulcer. The danger, he thought, was in feeding these patients too much, or allowing too much material to enter the stomach. He stated that it was quite possible to sustain a patient for from four to six weeks simply by rectal feeding. He advocated the employment of remedial agents that would promote coagulation, and suggested gelatine hypodermically, and calcium chloride mixed with the enemata.

Dr. Taylor was asked by the chair to give his opinion as to the possibility of feeding, or sustaining the patient, by concentrated proteins and carbohydrates, introduced hypodermically. He said that the proceeding had been demonstrated upon animals, but that it had not, so far as he knew, been employed in the actual treatment of

patients. There was nothing to prevent its use, however.

Dr. Cheney, in closing the discussion, replied to Dr. Quinan's question as to the use of eggs by stating that it was by no means original with him. He had found, however, that the yolks of eggs were mixed with the milk and the whole then peptomized, the enema was better retained than when the milk alone was used. In reply to Dr. Barbat, he could not recommend an operation as soon as the diagnosis was made, for the reason that a great many of these patients recover without surgical interference. It has further been stated, on excellent authority, that from four to five per cent of those who die from all causes, and on whom post mortem examinations have been made, show they have gastric ulcers that have healed. He thought that instead of there having been two ulcers, there had been but one; that it had healed more or less well, and then broken down again. In regard to the question of dilatation, he stated that the succussion splash had been noted in the present case, but that no dilatation was found. He thought the succussion splash a questionable diagnostic feature. He thought that forty-eight hours was a sufficient time to elapse after hemorrhage before introducing anything into the stomach. While Dr. Brown was theoretically correct in assuming that a patient could be well sustained for several weeks by rectal feeding alone, still in cases of ulcer of the stomach, with hemorrhage, it was not possible to more than keep the patient in the lowered conditions by this means; the loss of blood must be made up, and this could not be secured by rectal feeding alone. He strongly approved of the use of gelatine, to secure coagulation, when it could be applied locally, as in hemorrhage in cirrhosis of the liver. He could not approve of its use hypodermically, however, because of the generally coagulative action.

Drs. Newmark and Sherman presented a patient of whom Dr. Newmark gave the following history: He came to San Francisco in June, 1901, complaining that for four years he had been subject to very severe headaches; for the previous two years he had been so troubled by only a slight degree, but that a return had recently been noticed. There was also a partial hemianopsia. There was a family history of similar severe headaches. The headaches grew worse and the boy was given morphine hypodermically, almost constantly, to relieve the pain. Later he was again brought to the city, and when once more presented to Dr. Newmark he was comparatively free from pain and looked well. Examination showed choked disks and slight facial paresis. A tumor of the brain seemed the clear diagnosis, but its location could not be readily determined. After several examinations a tender spot was located on the right side of the head which seemed constant and always tender to pressure. This spot conformed fairly well to the

location of the lower facial center. He was then so fairly well and comfortable that operation was indicated and urged only on account of the choked disks. He was operated upon in August, 1901, and almost immediately afterward his vision grew rapidly worse. There was much pressure from within and some brain matter protruded. A sarcoma of the small-celled variety was diagnosed. In April it became necessary to once more operate. The two operations have been followed by paresis of the left hand and anesthesia of the left upper extremity; the vision is slightly better.

Dr. Cheney asked how long the cerebral hernia, or bulging, had existed, and Dr. Newmark replied that it had been present since the first operation.

Dr. Sherman said that at the time of the first operation, when the bone flap was lifted, the brain bulged out through the opening, and that differentiation between tumor and brain tissues could not be made. Somewhere between 30 and 40 c. c. of brain matter had been removed during the operation. Healing was uneventful. At the second operation he had removed much more brain tissue than that which bulged through the opening. He used the curet and the operation was followed by temporary hemorrhage, so a drain was placed and allowed to remain for forty-eight hours, after which it was removed and the wound closed. The skin had almost united when hernia cerebri appeared. Straps were applied and the boy sent home. The bone flap is now lifted, like a hinged flap, but the pressure from within. Occasionally a few amber-colored drops of fluid escape and then there is relief from pain and headaches. At the time of the second operation, and subsequently, the brain has been carefully explored by means of the tenotome, but no sinus has been found. It is a serious question, at present, whether to lift the flap again and remove the bulging tissue, or to leave it as it is.

Dr. Somers referred to a case of injury to the brain, resulting in meningocele, which he had seen some four or five years ago. A small boy was accidentally shot in the frontal region. Trephining was performed, a button removed and the bullet extracted. The button was cleansed and replaced. A few days later pulsation and increase in size were noted, and the button was forced out. A mass of brain and granulation tissue extruded which was tender on pressure; for this reason strapping could not be used. The patient was referred to Dr. Rixford and skin-grafting was decided upon. Grafts were taken from the thigh, they united readily and the tumor steadily decreased in size.

Dr. Sherman said that the present condition was not a true hernia cerebri; it was a carcinoma of the brain, which, by causing pressure, forced the brain through the wound.

Dr. Rixford called attention to the fact that in the case cited by Dr. Somers, the skin-grafting had certainly been of some benefit; contraction of

the skin grafts had exerted the gradual pressure that reduced the mass, whereas the pressure by straps could not be tolerated. He further expressed the opinion that, as McBurney of Glasgow has demonstrated, it is often a good thing to allow the tumor of the brain to force a large amount of tissue out, and then scrape it off. Of course, such procedure is modified by the size and shape of the mass in each case.

Dr. Mark White, of the M. H. Service, exhibited some specimens and slides of the *Distomum Fineuse*.

He said that but little had been written about it, and but little was known. It is not native to this country, but is found more or less generally in the Orient. The habitat of the worm is the fresh water or pond snail. He had observed the presence of this infection in seventeen patients, sixteen of whom had died of the plague. There are no diagnostic features, and the presence of the infection can only be determined by finding the eggs of the worm in the feces. The worm is swallowed, digested, and portions of the worm and its eggs may be found in the feces. It acts more or less directly upon the walls of the bile passages, causing a thickening, and produces death in from six to eight years. There is said to be a barrel-shaped alteration in the shape of the liver, but this is not always present, nor is it easy to determine, even if present. The infection produces chronic diarrhoea, edema and jaundice. He had seen but one live worm, and had not been able to detect the presence of the disease before death in any case. In his opinion, if the pond snails of this country become infected by the worm, brought from the Orient inadvertently, the disease will soon be epidemic and very dangerous. All animals, including the human animal, coming from the Orient; and all materials in any way liable to convey the worm into this country, should be very rigidly examined. He was of the opinion that it would be found here sooner or later, as would also most Asiatic diseases.

DEATHS.

Dr. John Byrne, president of the faculty of St. Mary's Hospital, Brooklyn, and one of the greatest of American gynecologists, died in Montreux, Switzerland, the first of this month. Dr. Byrne was born in Ireland in 1825 and came to Brooklyn in 1848. He was one of the founders of the Long Island College Hospital, and in 1868 organized St. Mary's Female Hospital in Dean street. He was the author of many articles on gynecology and surgery.

Dr. Gregory J. Phelan, a pioneer of 1849, died on the 5th inst. in San Francisco. He was born in New York 1822. He was connected with St. Mary's Hospital for many years. Dr. Phelan was stricken with paralysis about three years ago and never recovered.

THE MASTOID OPERATION IN CHRONIC SUPPURATIVE OTITIS MEDIA.*

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OF ALL diseases with which the otologist has to do, probably chronic otitis media gives him the most annoyance. These cases, more frequently than otherwise, are unsatisfactory to treat on account of their obstinacy to all the blandishments of the most versatile of conservative specialists; and further, on account of their proneness to recur, though pronounced cured, on the slightest provocation, even after lying dormant for shorter or longer periods of time. It is sometimes not an easy matter to draw a hard and fast distinction between an acute and chronic otitis media, as time is not always the important factor in chronicity, for chronic cases are usually mild as to intensity besides being slow as to progress, while acute diseases are attended with more or less violent symptoms which come speedily to a crisis, but some chronic conditions may have decidedly violent symptoms throughout. (1.)

For discussion, it will be convenient to divide our cases of chronic otitis media into four clinical groups. In the first, we will place such cases as are influenced in regard to their chronicity by the presence of adenoid tissue in the post nasal space or hypertrophied terminated bodies in the nares. Here, the cause is largely mechanical, the secretions being retained by the pressure of these growths and the hyperemia of the mucosa with progressive round cell infiltration and a pyogenic process. Early this pyogenic process affects the tympanum alone, but in the second group the mucosa is hypertrophied, granulations spring up and polypoid degeneration sets in. The degeneration extends to and involves the periotum, interferes with the protection and nutrition of the ossicles and bony walls of the tympanum and accessory spaces, giving rise to foci of necrosis and caries. In the third group, we have evidences of progressive involvement of the mastoid antrum and mastoid cells, with cholesteatomatous formations. In the fourth group, the chronicity is evidently due to some systemic trouble, such as syphilis, tuberculosis, diabetes or Bright's disease. If the disease, although of recent date, was not preceded by pain or other manifest symptoms, except the discharge, a tuberculous etiology is suggested. If in the presence of the otitis, on testing with the tuning fork, there is found to be considerable diminution of bone-conduction, this would indicate disease of the labyrinth associated with the middle ear disease, and in all probability secondary to it. (2.)

The profession in general are too prone to neglect "running ears," and to pass such cases over lightly, saying "they will outgrow it in time." It certainly is true that many affected with chronic purulent otitis media live to an advanced old age and die of some disease not even remotely connected with this trouble; but, on the other hand, the disease progresses so insidiously that one cannot be certain when and where it may end. When the tympanic cavity has become the seat of chronic suppuration with the mucous membrane extending into the antrum, involved, it becomes a standing menace to the safety of the patient. (3.)

All cases of chronic otorrhea are interesting to the conscientious aurist, and they certainly are to

me; but in those cases where the disease has passed the boundaries of the normal institute of hearing, then it assumes an importance and interest second to no other. It then attacks the vital center itself, and phenomena are produced, the variety and multiplicity of which are only limited by the number of separate and individual areas of the brain and surrounding structures. (4.)

A professional classification of treatment according to expressed views, writes Frank Allport, might be designated as follows: The *ultraconservatives*, *conservatives* and *radicals*. The ultraconservatives are those still possessing an abiding faith in the syringe, cleanliness, insufflations, drugs, mild surgical procedures such as polyp removals, etc., and who believe that all decided surgical measures, such as ossiculotomies and tympanic curettage, or worse, are not only unnecessary, but unwarrantably dangerous unless distinct mastoid symptoms are present. The conservatives are those who give the previous treatment an opportunity of several months to effect a cure, failing in which, the tympanum is usually swept clear of pathological products. Many of them, but not all, regard a radical mastoid operation as a *dernier resort*, not to be performed until all other means have failed, after persistent effort, and perhaps not then in the absence of mastoid symptoms. Other conservatives advise a radical operation more readily. The radicals are those who waste no time over the preceding methods, but open the antrum, mastoid and tympanum as soon as chronicity is established. In this view they are supported by the opinion that the mastoid antrum is an actual anatomical extension of the tympanic attic, and unusually participates in chronic suppuration of the latter, and should be thoroughly opened and cleaned as soon as brief ordinary unavailing treatment has practically proved the existence of antral disease. They believe, therefore, that chronic otorrhea implies antrum involvement, perhaps induced by exuberant middle ear granulations, which retain antral pus, unreachable and incurable by tympanic treatment or operation, and that such measures are mere placebos. They feel that necrosed bone in other parts of the body, even when exposed to view and readily subject to local treatment by acids in proper strengths, is treated by the skillful surgeon by radical surgical intervention, and not by tedious and unsatisfactory applications. They feel that the important and complicated structures of the middle ear should be treated upon the same general surgical principles, but with their importance much accentuated. They also believe that an effort should be made to save the ossicles in a fairly physiological condition, naturally impossible after ossiculotomy, and that the only probable method of accomplishing this is by the performance of the radical operation. (5.)

The great number of patients that formerly died with inflammation of the bowels we now believe died with appendicitis. We know that many who are reported to have died with brain fever, came to their end through infection from the middle ear. (6.)

Conservatism is a worthy quality when it is supported by clinical experience, which is the criterion for rational treatment. Therefore, when faithful and

*Read before the Western Section of the American Laryngological, Rhinological and Otolological Society, held at Los Angeles, California, April 3rd, 1902.

correct treatment has failed to accomplish a cure of chronic suppurative middle ear otitis, even if there are no manifest symptoms of serious destructive processes within the attic, antrum or mastoid, we must, without hesitation, resort to more heroic measures. (7.)

Hiram Wood relates two cases in which mastoid symptoms were slight and late in appearing, but in both of which operation showed extensive necrosis with symptoms of general infection out of proportion to the apparent involvement. (8.)

With advanced years osteosclerosis of the mastoid process frequently occurs, but is usually confined to the external portion, while the internal portion of the temporal bone retains its spongy character. For this reason suppurative processes do not readily work outward, while serious lesions may be progressing in the depths. This fact forces the conclusion that patients over forty with inflammation of the middle ear should be operated on as promptly as possible, otherwise rapidly fatal cerebral complications are liable to supervene. (9.)

Tuttle says: "All cases of chronic purulent otitis media resulting in mastoiditis should be operated on at the first appearance of symptoms without resorting to palliative measures, and that we are justified in opening the antrum for drainage in chronic cases of this condition without symptoms of mastoiditis." (10.)

MacEwen lays down this axiom: "When a pyogenic lesion exists in the middle ear or in its adnexa, which is either not accessible or which cannot be effectually eradicated through the external ear, the mastoid antrum and cells ought to be opened." (3.)

It certainly requires conviction and courage to advise a radical operation on the absence of mastoid symptoms, especially in the early stages of a chronic discharge. So many people are unquestionably cured of such a discharge without an operation that patients who become familiar with this fact must indeed have supreme faith in their surgical adviser when they mount the operating table under these circumstances; and it must be admitted that a consequent facial paralysis, impaired hearing, protracted healing, continued discharge, fistula or death cannot serve to exalt the professional position of the operator in the minds of the laity, the profession or even himself. Of course, the complexion of the case absolutely changes in the presence of long-continued discharge unchecked by persistent conservative procedures, cholesteatoma, or of mastoid or intracranial symptoms, under which circumstances the patient himself frequently demands radical relief. But in the absence of such indications, no surgeon should be blamed for the advocacy of conservative measures, especially when it is remembered that a cessation of the discharge and improvement of hearing frequently follows ossiculectomy and curettage. These ill-defined and insidious forms of chronic otorrhea with antrum or cell infection, but unaccompanied by palpable symptoms of such extensions, are certainly difficult ones in which to decide upon a plan of action unless one happens to be a radical in his opinion. The gravity of the situation may not be always measured by the quantity, quality or odor of the discharge, although these indications often mean much; but certain ill-defined symptoms, such as a slight rise in temperature, irritability, nervous exhalation, mental depression and general appearance of parts, are not without their significance.

Concerning the radical operation, it may be confidently stated that he must be very conservative indeed who denies the advisability of such a step in the presence of mastoid or intracranial symptoms, or of distinct organized cholesteatomatous masses. And there are many eminent surgeons who would not advise a radical operation in long-continued and intractable discharge without the above history, but

there are at present comparatively few who are willing to go on record as advising such an operation as soon as chronicity of the discharge is established, say in a few weeks after the inception of the discharge. And yet we must not forget the eminence of the authority on this side of the argument, nor fail to lay much stress upon their plainly spoken opinions. Most of the radicals are our teachers, men to whom we look for advance and correct thought, and their sentiments cannot and should not be turned lightly aside and dismissed as too extreme. It may be that their very eminence and skill in operating, however, has much to do with their results and consequent views, and the question may be justly raised whether inferior but ambitious operators are warranted in following their leadings. (5.)

Stucky says: "The anatomic construction of the middle ear favors pathologic conditions, and he considers the establishment of free drainage most important in the cure of this condition. In all cases in which there is a large-sized canal with chronic disease of the attic, perforation of Shrapnell's membrane, and all the conditions attending suppuration and often necrosis, removal of the ossicles with a portion or all of the anterior attic wall and remnants of the drum membrane is considered the most conservative and satisfactory treatment. In chronic suppuration with cholesteatoma and necrosis of the posterior superior wall of the canal, the radical operation should be performed. The following claims are made for the conservative method, viz.: (1) It gives free drainage. (2) It affords an opportunity to successfully combat the suppurative process. (3) It is free from danger to life and health. (4) In a large percentage of cases the disease is arrested, the hearing improved, only rarely made worse. (5) There is no deformity or scar." (11.)

On the other hand, quoting from MacEwen: "The object of the mastoid operation is not to drain the inflamed chambers of the middle ear. The object of the operation is to remove the disease. After that has been accomplished there will be nothing to drain away. In the class of cases under consideration, it is necessary to remove the disease from every recess to which it has penetrated. Not only should the antrum and the cells be freed of the infection, but the tympanum should always be thoroughly curetted, and the malleus and incus should be removed when they are in a state of caries. Sufficient bone must be cut away to give the operator an opportunity to ascertain the precise condition of the various parts. Objections may be raised against this doctrine on the supposition that such radical invasion of the middle ear will prove disastrous to its function. So far as may be compatible with the well-being of the patient, I agree that the integrity of the ear should be conserved. But the handling which I have advised for the tympanum, however rough it may appear to be, does not necessarily injure the hearing. Whenever the ossicles are so diseased that they must be removed, we shall find that the function of the ear had been destroyed some time before that operation was undertaken. Repeatedly have I demonstrated the fact that the most thorough curetting of the middle ear is not incompatible with the preservation of acute hearing." (3.)

In recent years the great value and desirability of having microscopical examinations made of purulent discharges from the middle ear has become manifest. Statistics show that if the diplococcus pneumoniae (Franeke) alone be found, one may prognosticate a speedy cure; and further, one may, with equal confidence, sew up the mastoid wound completely and discharge the patient in about one week, or, at most, in not over two weeks.

With streptococci alone present, fifty per cent come to a cure. With the streptococcus and pyocyanous, the chances are even of an eventual, if

tardy, cure. With streptococci and staphylococci, the chances are two to one against cure. If staphylococci alone, four out of nine may come to a cure. If pyocyanous alone, one-half may be cured and the others may prove stubborn. If coil bacillus communis be the germ, it is practically incurable. All these may prove stubborn and resisting, except the diplococcus pneumoniae (Fraenkel), which yields forthwith to penicillin. About one-fifth of all the cases come in this class. (12.)

In regard to the conditions calling for operative interference, we may say: The patient's subjective symptoms are, as a rule, not particularly reliable, the appearance of the skin over the mastoid may be very deceptive, but if a fistula exists, opening either with or without the external auditory canal, operative interference becomes a necessity. Pain or pressure over the point of the mastoid process is not at all constant, but if present there or at the base it is indicative of mastoiditis; if it exists at the posterior border of mastoid, it is disquieting and brooks no delay on the part of the surgeon. Torticollis in the course of a chronic otitis media makes one suspicious of pus burrowing from the mastoid into the deep tissues of the neck.

M. Lermoyez says: "In case of tumefaction of the soft parts over the mastoid, with edema, examine the condition every day, and if a point of fluctuation is discovered in the midst of the edema, operate at once. A still more important indication is furnished by the swelling of the mastoid *en masse*, with the skin normal, scarcely to be distinguished except by comparing the two sides, always bearing in mind that the right is normally larger. Trephine then immediately, as there is every chance that the sigmoid sinus is already bathed in pus. If abundant suppuration persists after a month of rational treatment, and the amount increases, mastoiditis is certain. If the discharge remains fetid, it indicates some old lesion, generally a cholesteatoma. In this case trephining is insufficient and total petromastoid evacuation is demanded." (13.)

Otogenic fever of even 100 degrees, if the tympanum has been amply incised, and drainage be free, demands trephining. With cerebral symptoms, first investigate whether they are exclusive otogenic; if they be, trephine the mastoid at once, but do not go beyond the antrum. If this does not afford relief, open the skull the following day, but always proceed by one step at a day, providing you have been watching the case from the beginning of the cerebral symptoms. If the ophthalmoscope shows the eye intact, the chances are in favor of "simple meningitis"; hyperemia of the papilla warns of cerebral complication, and optic neuritis indicates a developed meningo-encephalitic lesion. Mastoid lesions are more precocious and profound in the otitis due to scarlet fever or la grippe than in that which follows measles or a cold. Hemophilia and advanced diabetes, not meningitis, are contra-indications to operation. Instances have been recorded of otitic meningitis cured by extensive trephining of the mastoid without opening the dura. In all persistently unsatisfactory cases of chronic otitis media operate, but never make a Wilde's incision alone. It can seldom do good and may do much harm. It has never cured excepting a case of mere retroauricular suppuration of lymphatic glands, and owes its reputation largely, if not exclusively, to errors in diagnosis. (13.)

F. W. Tunncliffe and Otto Rosenheim say: "The presence of polypus or granulation tissue is indicative of antrum or attic trouble, or both; suppuration from the middle ear which does not yield promptly to treatment should be subjected to surgical interference." (14.)

How, then, may we determine the existence of antral disease in a case without significant symptoms? It is impossible to answer this question definitely, there being no fixed rules by which to

ascertain such extension in quiescent cases, and an opinion must be accumulated by composite observation, which is nevertheless reasonably trustworthy. Aural discharge, especially if persistently foul and profuse, continuing in spite of proper local treatment for a period say of three months, is a decidedly suspicious condition, particularly when accompanied by recurrent and exuberant granulations and necrosis. Especially is this true if the membranal opening has been in Sharpnell's membrane, or in the posterior superior quadrant of the main membrane, and if carious bone can be located in the upper and posterior wall of the tympanic cavity, or if the upper and posterior walls of the deep meatus are red, bulging or sensitive. These observations are much strengthened if the discharge is cheesy or flaky or contains the streptococcus, influenza or tubercle bacilli, and if the tympanum has been cleared by a curettage. A case presenting such a picture, or even a reasonable portion of it, even if absolutely unaccompanied by mastoid or other significant symptoms, would certainly lead most progressive surgeons to unhesitatingly advise either an ossiculectomy or radical operation. (3.)

Herman Schwartz, the wise sage of Halle, said, viz., that the diagnosis of cranial abscess could be made with probability only, and never with absolute certainty; that all the symptoms might be present without abscess, or, on the other hand, with not a single symptom it could yet be there; but given a focus of pus of otitic origin in the cranial cavity, where would we most naturally expect to find it, and how would the symptoms vary according to the location? By far the great majority occur, first, as extra-dural; second, as temporo-sphenoidal, or third, as cerebellar abscesses. Now it is a well-known fact that extra-dural abscess gives no characteristic symptom, even when there is a large amount of pus, and can with certainty be said to exist only when the fistulous opening is discovered and the pus gushes or exudes from this opening. Pressure symptoms, when the collection is great, may present themselves, especially the slowness of pulse. The second variety—temporo-sphenoidal—and a common variety, by the way, are often characterized by facial or hypoglossal paralysis, or some form of motor or sensory aphasia. Word deafness may occur in abscess of first temporal convolution. It is in the cerebellar abscess, however, that we get some of the most characteristic symptoms. Pain, nausea and vomiting are uncommonly severe and persistent. But the chief symptoms are the cerebellar ataxia, a feeling of dizziness or vertigo, and the two together are, by Hessler, who has collected large statistics, considered pathognomonic. (14.)

It is not to be wondered at that, however brilliant the diagnosis may be, and however skillfully the operation may be done, success does not always attend work along the line of otitic cerebral surgery. The localization of the lesion is not always clear. Lesions may exist other than those made clear through the grouping of symptoms, and the pathological changes exposed may have progressed so far as to preclude the possibility of successful issue, all of which are independent, in the light of our present knowledge and skill in diagnosis and surgical intervention. It therefore becomes incumbent upon us to report not only our successes, but more imperative to report our failures, as through them not only we, but likewise others, may profit. I fear that we are too prone to report our successful cases and too apt to forget our failures. To be sure, it is no disgrace for one to fall in relieving a helpless or moribund patient, but nevertheless the human mind is so constructed as not to wish to subject failures to the close scrutiny of criticism. (15.)

I will, however, report my four unsuccessful cases.

CASE 1.

I. O. W. H., age 24, the son of a physician and a Stanford student, was referred to me on the 10th of August, 1900. He reported that he had had ear trouble for seven years, and that Dr. W. E. Hopkins, of San Francisco, had removed the small bone from his right ear six years ago, but for the past ten months the ear had been suppurating. He also reported that while there was no actual pain in or about the ear, that there was an indescribable something in the right side of his head which prevented him from making close application to his work, and so he had to quit college to have his ear treated. He could hear the watch at a distance of three inches. There was no tenderness in the mastoid region, the suppuration was scant and mucoid in character, and he seldom had an afternoon temperature of more than a half degree elevation. I found a large amount of adenoid tissue in his post-nasal space, which I removed; put him under careful treatment, both as to diet and local application, until the following February, when, the discharge being no less and his mental disquietude greater, and the retina of the right eye more congested than the left, I did an antrectomy.

The mastoid was eburnated, so finding the chisel too slow a process I used the drill; but even with this did not succeed in finding an antrum, though I did make communication with the attic. A peculiar accident occurred in the use of the drill; as I entered the attic a quarter of an inch of the tip of the drill snapped off. As no pus nor granulation tissue had been discovered, and irrigation through the wound had free vent through the ear, the consulting physician was not willing that I should remove the postero-superior wall of the meatus. He took this position largely, however, I think, because of the condition of the respiration and pulse of the patient at that stage of the operation. I closed the wound with cat-gut sutures and had healing without suppuration inside of a week. The patient was extremely nauseated for forty-eight hours, vomiting or hiccuping at very short intervals. On the eighth day, upon irrigating the external auditory canal, I washed out the end of the drill. In two weeks the ear had ceased suppurating, and the patient was looking forward to his return to Stanford in the fall. On the 24th of March, five weeks after the operation, a soft place appeared in the cicatrix and I evacuated about five minims of pus, and the wound healed without further trouble. On the 30th he went to a dance, from which he returned early in the morning, and along about ten o'clock a. m. he had an epileptic fit, and remained unconscious for thirty-six hours, during this time having two other paroxysms. He gradually grew better, but with much temporal headache, till the 8th day of April, when he became much worse. His mind was wandering and his temperature very high. On the 9th of April I trephined over the right ear and slightly behind it, but found only softened brain tissues, without pus. He died some six hours later. No autopsy.

CASE 2.

W. R., a hearty country boy, age 19, referred to me March 17th, 1902, gave history of discharge from right ear since December 1901. For the preceding two weeks he had had considerable fever, running as high as 104 degrees, with tenderness and swelling at the tip of the mastoid and below. An antrectomy was performed, granulation tissue only was found, and pus was not found at the tip of the mastoid. The wound was packed with gauze; patient was slightly nauseated and had one vomiting spell during the day. Thirty-six hours later he had a chill with a temperature of 104 and free perspiration. This was repeated in thirty-six hours, with a range of temperature from 99 to 105.1 degrees. From this I diagnosed thrombosis of the sigmoid sinus. So on the 11th, under chloroform, I opened the lateral sinus, removed

the clot and obtained free bleeding from both ends of sinus opening. There was marked improvement for two days, when suddenly the temperature went from 100 degrees to 104 degrees, and the pulse from 96 to 150, accompanied by headache and vomiting, and this, in turn, being followed by stupor and delirium. On the 15th, the wound being perfectly clean and no indication of thrombosis of the external jugular, I trephined the cranium one and a half inches above and one and a quarter inches posterior to the auditory canal, punctured the brain in several places, but failed to locate any pus. The pressure, however, was sufficient to cause the brain to bulge markedly through the trephined opening. Cheyne-Stokes respiration set in shortly afterwards, and he died some nine hours after the last operation. No autopsy.

CASE 3.

R. J. C., male, aged 55, referred to me March 11th, 1902, with a history of discharge from the right middle ear, following la grippe, since the last of December, 1901. He had complained of being dizzy for at least two weeks. The discharge had ceased a few days before he was brought to me, but after its cessation the dizziness had become markedly worse, the temperature was ranging around 102 degrees, he had vomiting of an explosive type, convulsive movements of the legs and some neuralgia of the right side of the face, and retention of the urine, but for some days comparatively little pain in the ear. He entered the California Hospital on the 11th of March, with a temperature of 102 degrees and a pulse of 90. On the second day he complained of double vision, was drowsy, irrational, restless and hard to manage. Use of the ophthalmoscope gave only negative information; the temperature was erratic, varying from 95 to 102 degrees in the axilla, frequently being $1\frac{1}{2}$ degrees higher on one side than the other, the right side usually being the higher, but not always. His mental symptoms becoming worse, his urine being normal (although always removed artificially), and the typhoid tests proving negative, operation was decided upon. On the 15th, the antrum was opened, but only granulation tissue was found. On the 17th he was quite rational; on the 19th he became worse; on the 21st Cheyne-Stokes breathing set in, and on the 25th he died. Autopsy by Drs. Brainerd and Lasher, no microscopic lesion was to be found, not even a local meningitis at the seat of trephining. No report has yet been received in regard to the microscopic conditions found.

CASE 4.

G. B. M., female, age 17, was referred to me March 17th, 1902, with the following history: Three weeks previously had an attack of acute otitis media, right ear, followed by typhoid fever, and for a week had been having chills, and part of the time was unconscious, with a range of temperature from 98 to 106 degrees within twenty-four hours. Marked tenderness over the antrum, with some swelling below the tip of the mastoid. Opened up the antrum, evacuating pus from there and some of the larger mastoid cells; exposed the lateral sinus, opened and removed clot, obtaining free bleeding from sinus in both directions; removed all softened bone; packed wound with gauze. Half an hour after the operation patient was bright and cheerful, but within twelve hours became delirious and rapidly sank, with symptoms of brain involvement. No autopsy.

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1. Century Dictionary.
2. John F. Oaks, Philadelphia, Medical Journal, March 24, 1900, page 685.
3. Wm. MacEwen, Diseases of the Brain and Spinal Cord.
4. Andrew Timberman, Columbus Medical Journal, July, 1901, page 352.

(Continued on Page 18.)

PROCEEDINGS OF THE REGULAR MEETING OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY, HELD TUESDAY EVENING, NOVEMBER 11, 1902.

The regular monthly meeting of the San Francisco County Medical Society was held in the parlors of the Y. M. C. A. Building, President John C. Spencer in the chair.

After the reading and approval of the minutes of the last meeting, and the usual routine in opening the session, Dr. Harry M. Sherman read a paper on "Points in the Management of Cleft Palate Cases, Before, During, and After Operation."

Doctor Sherman exhibited a number of instruments used in the operation discussed, to the Society.*

Doctor Sherman also read "A Note Regarding Supra Condylar Fractures of the Humerus."

This subject was discussed by Dr. Rixford, Dr. J. Henry Barbat, Dr. Cooper, Dr. Hunkin, and Dr. Kenyon, the point at issue being the best position in which to dress the fractured arm.

Upon the suggestion of the authors, the reading of two papers announced to be presented at the meeting—"The Diagnosis of Diseases of the Gall-Bladder," by Dr. W. W. Kerr, and "Report of a Case of Acute Phlegmonous Cholecystitis," by Dr. L. W. Allen—was postponed until the next regular meeting.

The annual reports of the Secretary, Treasurer, Librarian and Standing Committees were read. The Librarian recommended several changes with reference to the list of journals subscribed for and pertaining to the Library, which were approved.

After the Treasurer's report had been read, showing a larger balance in the Treasury than the Society needs for covering current expenses, on motion of Dr. Gibbons, \$600 was transferred to the Trustees for deposit in a savings bank.

The election of officers to serve for the ensuing year resulted as follows:

President.....Louis A. Kengla.
First Vice-President.....Theodore Rethers.
Second Vice-President.....Redmond Payne.
Secretary.....William F. Barbat.
Assistant Secretary.....H. E. Alderson.
Treasurer.....Frank R. Dray.
Librarian and Curator.....Vard H. Hulen.
Trustees: Henry Gibbons, Jr., W. W. Kerr, L. L. Dorr.

Executive Committee: E. M. Bixby, W. P. Harvey, George McChesney.

Committee on Admissions: L. W. Allen, Dora I. Dorn, J. Mora Moss, A. W. Morton, H. B. A. Kugeler.

Committee on Ethics: Leo Newmark, Philip King Brown, Stanley Stillman, William Fitch Cheney, George B. Somers.

Committee on Finances: E. L. Wemple, E. G. Frisbie, G. Cagliari.

* Doctor Sherman's paper will be printed in the December number of the *Journal*.

Committee on Library: Vard H. Hulen, Clarence Quinan, Dudley Tait.

Committee on Public Health: William Ophüls, J. M. Williamson, Louis Bazet, W. A. Martin, Emma Sutro Merritt.

Delegates to the Medical Society of the State of California: H. A. L. Ryfkogel, M. W. Frederick, Emmet Rixford, Wallace I. Terry, J. Henry Barbat, William Fitch Cheney, A. W. Perry, John C. Spencer.

A resolution, adopted by a rising vote, was passed conveying to Dr. John C. Spencer the appreciation and thanks of the Society for his distinguished services as president during the past year.

Adjourned to meet the second Tuesday evening in December.

TRI-COUNTY SOCIETY.

The Tri-County Medical Society of California met in this city on Wednesday evening. Dr. Saxton Pope, the secretary of the society, arrived on the afternoon train and Dr. F. H. Patterson of San Juan, Dr. R. W. O'Bannon of Hollister and Dr. Deckleman of Monterey, representing the members, were on hand in the evening. Drs. D. L. Deal, W. V. Grimes and G. S. Trimmer were present as visitors.

Dr. Patterson acted as chairman pro tem. After the discussion of several topics of interest to the society the applications of Doctors Grimes, Deal and Trimmer for membership were received.

Dr. Pope read a very interesting, instructive paper upon the subject, "Mosquitoes from a Medical Standpoint." The value of the paper was very materially increased by the splendid enlarged illustrations, which also represented Dr. Pope's artistic skill.—*Pacific Grove Review*.

THE MASTOID OPERATION.

(Continued from Page 17.)

5. Treatment of Chronic Otorrhea, Frank Allport, *Journal of A. M. A.*, March 2, 1901, page 543.

6. The Radical Cure for Chronic Suppurative Otitis Media, L. S. Cline, *Indiana Medical Journal*, June, 1901, page 451.

7. Clinical Memoranda on Chronic Suppurative Otitis Media, John F. Oaks, *Philadelphia Medical Journal*, March 24, 1900, page 685.

8. *American Medicine*, February 8, 1902, page 247.

9. Heine, *Journal of A. M. A.*, October 13, 1900, page 98.

10. Mastoiditis, T. D. Tuttle, *Denver Medical Times*, January, 1901.

11. J. A. Stucky, *American Medicine*, June 15, 1901, page 516.

12. Bacteriological Examination of Otitis Media Purulent and Suppurative Mastoiditis, Talbot R. Chambers, *Journal A. M. A.*, December 1, 1900.

13. *Journal American Medical Association*, July 21, 1900, page 194.

14. *American Medicine*, April 20, 1901, page 128.

15. Charles N. Richardson, *Journal A. M. A.*, February 23, 1901.

LOS ANGELES' HEALTH OFFICER ON TRANSMISSIBLE DISEASES.

MEMBERS of the Los Angeles County Medical Association were treated to timely remarks at the regular bi-weekly meeting held last night, in a paper read by Dr. Sumner J. Quint, assistant health officer, on a "Review of Some of the Transmissible Diseases." The physicians of Los Angeles were criticised for their carelessness in withholding information concerning infectious diseases from the health office. The dangers that lurk in the uncooked vegetables, such as lettuce, cabbage and radishes, were emphasized, while the menace to the general health in the expectorations of consumptives was brought out in the paper. Dr. Quint said in part:

"The great advance of late years in sanitary regulations has largely reduced the number of mortality of contagious diseases and nearly stamped out some of them entirely. Typhus fever at present is hardly known, and General Wood has nearly or entirely abolished yellow fever in Cuba. By strict quarantine regulations in San Francisco the bubonic plague has been kept within bounds.

"Since the government has instituted a thorough system of meat inspection throughout the country, and the different States, counties and cities have instituted a systematic inspection of milk, fruit and vegetables, with the proper disposal of sewerage, the channels of infection have been reduced to the minimum.

"There still remains great opportunities for improvement in this direction when we see our fruit markets exposed to the dust of our streets and trampled over by infected flies. Also in the handling of lettuce, celery and the uncooked vegetables.

"All this, with the improved method of treatment and prophylaxis, as vaccination, anti-toxin and serum therapy in general, has helped the practitioner to combat these diseases when they arise and gives us a very bright prospect of either annihilation of most of the transmissible diseases, or at least greatly reducing their mortality. Within the last few years the mortality from these diseases has been reduced from ten to fifty per cent in spite of the fact that there are still among us a few antiquated fossils who do not believe in these measures and the timid young practitioner who is afraid to act, not to mention osteopathy, Christian science, mental healers and the like. Some of our very best physicians wait for a report from the health department before injecting their diphtheria patients, and thereby lose twenty-four hours of the most precious time, which often means death to the poor little patient struggling for breath.

"We have in this city a death rate from diphtheria ranging between ten and fifteen per cent. A very large number of these deaths are due to the late use of anti-toxin or to the non-use by the unbeliever. It is the custom in some Eastern cities

to prosecute such negligence, and an advance in that direction in our city would be advantageous.

"The general opinion is that tuberculosis is transmitted through the respiratory tract by inhaling, mixed with dust, the sputum of patients suffering from pulmonary tuberculosis. Our salubrious climate attracts many of these unfortunates to this Coast, and with our well-founded notions of the transmission of the disease, patients should be instructed on this clause of the sanitary law; i. e., that they must not expectorate in the street, but that the sputum must be destroyed either by cremation or antiseptics.

"There is no class of invalids that show as much carelessness as the consumptive. He expectorates on our streets, in our parks, and infects the lodging-houses from the most fashionable hotel to the 25-cent rooming-house.

"The majority of the practitioners of this city pay no attention to our sanitary law in this regard, which reads as follows: 'Every physician shall report to the Health Officer every patient he may have, within the city limits, afflicted with Asiatic cholera, typhus fever, yellow fever, smallpox, scarlet fever, diphtheria, or so-called membranous croup, typhoid fever, glanders, leprosy, tuberculosis and chicken-pox.'

"The Board of Health has volunteered to have the quarantine officer fumigate those houses infested by these tuberculous patients, and we are very willing and glad at all times to coöperate with physicians in the endeavor to prevent the extension of tuberculosis without in any way incurring the displeasure of the patient.

"As an illustration of the manner in which our physicians report these cases: Since January 1, 1902, there have been 342 deaths of tuberculosis, with only twenty-one cases reported to the health department by fourteen physicians, and who shall number those living afflicted with this disease, and not reported in any way while under treatment with physicians, to say nothing of those who go about without medical care?

"As the specific micro-organism is contained in the discharges from the bowels and kidneys of typhoid patients, it is manifest that the dejecta coming in contact with articles of food or drink, will contaminate them, and thereby convey the disease. The most common method of spread of enteric fever is through water, the soil, milk and green vegetables, such as lettuce, celery and radishes.

"In May of this year a Los Angeles physician attended a case of typhoid fever at a neighboring dairy. The records of the health department do not show that the case was reported. By this criminal carelessness on the part of the physician, the milk became infected, and fifteen cases of typhoid

occurred among the consumers of milk from this one dairy, and the most deplorable part of the negligence was that three deaths occurred.

"The tearing up of an old sewer at one of the principal hospitals of this city probably caused an outbreak in that institution which resulted in the loss of several lives.

"Great care should be exercised both by the laity and the physician in using every precaution possible to prevent the spread of this dread disease.

"Beneficial results may be obtained by careful investigation of drinking water (boiling when necessary,) and making sure of the source of our provisions; especially that part of our menu which goes on our table uncooked. These simple precautions will tend to greatly lessen the sporadic cases that occur.

"As typhoid fever is purely an infectious disease, the sources of transmission should not be overlooked in any particular. All articles of the patient's clothing which are soiled, such as sheet, napkins and towels used by the patient should be boiled thoroughly to destroy all germs. Rubber sheets should be used to protect the bedding from dejecta. The excretion should be destroyed at once by strong disinfectants, as bi-chloride of mercury and chloride of lime.

"I wish to state that the object of this paper is simply intended as a most friendly criticism on the local medical profession in the way they observe or fail to observe, the sanitary laws which the health department is trying to uphold in order that this line of disease may be limited as much as possible."
—Los Angeles Times.

BUBONIC PLAGUE IN CALIFORNIA.

History of the Outbreak and Resolutions Passed at the Conference of State and Provincial Boards of Health of North America, Held at New Haven, Conn., October 29, 1902.

[Specially reported for *American Medicine*.]

AT the meeting of the State and Provincial Boards of Health of North America, held at New Haven, Conn., October 29, 1902, the following history of the outbreak of bubonic plague in California was recited, and the appended resolutions were passed. The preamble and resolutions were presented by the delegates from Maine, and their adoption was moved by the delegates representing the State of Maryland, seconded by the delegates from Pennsylvania and Connecticut. Seventeen States were represented and voting, and in addition the United States Army, Navy and Marine-Hospital Service and Canada were represented, their representatives, however, not voting. The text of the preamble and resolutions is as follows:

WHEREAS, Bubonic plague has been present in California since March, 1900, information as to the extent of the disease being withheld by the local authorities, no effective measures of restriction having been put into operation, and the history of the outbreak, so far as we can ascertain from authoritative sources, being as follows:

March 6, 1900, a case of bubonic plague was discovered by Dr. W. H. Kellogg, bacteriologist to the San Francisco Board of Health, the diagnosis being confirmed by Surgeon J. J. Kinyoun, of the United States Marine-Hospital Service.

March 7, the City Board of Health of San Francisco quarantined the whole of Chinatown, pending investigation, the quarantine being removed 60 hours later by order of the Mayor.

March 11, another death from plague occurred.

March 12, the City Board of Health, being without funds, attempted an inspection of Chinatown by

volunteer inspectors, the Chinese being thereby incited to conceal all cases of sickness.

March 19, two more deaths from plague. The Mayor provided \$1,000 for inspection and disinfection. The death rate for Chinatown subsequently dropped so far below earlier experience as to suggest successful concealment or suppression of the facts concerning death as well as sickness.

April 4, and May 2 and 13, other cases of plague discovered.

May 15, a case of plague discovered. Demands were made of the City Board of Health and the United States Marine-Hospital Service to suppress the facts. The Surgeon-General of the United States Marine-Hospital Service wired advice to make house-to-house inspection in Chinatown, to disinfect Chinatown, to establish a pesthouse and house of observation, destruction of rats, and the employment of Harkine's antipest inoculation.

May 17, State border inspection begun by the United States Marine-Hospital Service. Transportation companies ordered not to furnish transportation to Chinese and Japanese except upon certificate of Marine-Hospital officer.

May 18, commercial associations urged the adoption of the Surgeon-General's suggestion, particularly as to the use of Harkine's inoculation. City Board of Health willing to undertake this work. The City Board of Health officially announced the presence of bubonic plague and called upon the State Board of Health for aid.

May 19, house-to-house inspection begun. Chinese resist. Chinese and Japanese begin to leave the city. No effective restrictions. State Board

of Health met in conference with City Board of Health and United States quarantine officer. State Board of Health promises to cooperate.

May 20, public meeting of the State Board of Health and the City Board of Health and representatives of railroads and mercantile bodies. Railroads and mercantile bodies demand quarantine of the whole of Chinatown. State Board of Health announces that unless this is done the remainder of the State will quarantine against San Francisco. Chinatown accordingly quarantined. House-to-house inspection continued.

May 21, Surgeon-General of the United States Marine-Hospital Service took charge of quarantine measures in and around California. Quarantine effective. Chinese and Japanese population rendered stationary within 12 hours. Gov. Henry T. Gage made a report on plague to U. S. Secretary of State Hay.

May 22, the State Board of Health notified the State Boards of Health of other States of the existence of bubonic plague in San Francisco, and described the measures taken to restrict its spread.

May 24, the Chinese companies applied for an injunction against the City Board of Health and United States quarantine officer. Bribe of \$40,000 offered by Chinese Six Companies to the United States Marine-Hospital officer if the facts were suppressed.

May 28, courts granted injunction prayed for by the Chinese. Quarantine abandoned.

May 29, case of bubonic plague discovered. Inspection of Chinatown suspended, but resumed by order of the Surgeon-General of the United States Marine-Hospital Service.

June 2, case of bubonic plague discovered.

June 3, the State Board of Health of California passed a resolution thanking United States quarantine officer for cooperation and assistance, stating that for want of funds inspection could not be continued, and that the whole matter was referred to the Governor, H. T. Gage.

June 9, case of bubonic plague discovered. The State Board of Health, A. M. Henderson, acting secretary, reported to other State Boards of Health the number of cases of bubonic plague to that date. Dr. Henderson removed from the State Board of Health. Dr. Haddon appointed to fill the vacancy. Dr. Winslow Anderson appointed to fill the place of Dr. Bazet, whose resignation had also been obtained. Merchants and citizens raised \$29,000 to aid the City Board of Health in cleaning up Chinatown. United States Court enjoined local board from molesting Chinese. Attorneys of the Chinese brought a suit of habeas corpus upon the affidavit of a Chinaman that he had not plague, had not been near plague, was prevented from working and was hungry. Chinaman was released. Quarantine dissolved.

June 16, contributions of Citizens' Relief Committee stopped. Writ issued by Court ordering Surgeon J. J. Kinyoun, United States Marine-Hospital Service, to appear before Judge Morrow on a charge of contempt. Kinyoun cleared.

June 17, Gov. Gage, with the delegates to the National Convention and the State Central Committee of his political party, appealed to the President of the United States to stop the quarantine proceedings.

June 18, quarantine ordered suspended; 3,000 Chinese and Japanese left for various parts of the State.

June 25, proposition made by the United States Marine-Hospital Surgeon Kinyoun to employ a special commission of experts from outside California to investigate the question of the presence or absence of plague. Proposition not entertained.

July 6 and August 11, cases of bubonic plague discovered.

August 15, case of bubonic plague discovered. Dr. Rytkogel, bacteriologist to the State Board of Health, dismissed. He reported positive evidence of bubonic plague. Dr. Rytkogel had received no salary or pay. A bacteriologist appointed to replace Dr. Rytkogel declared that the cause of death in the first case investigated by him was due to the bacillus of hemorrhagic septicemia, familiarly known as fowl cholera. In his second case he identified the plague bacillus and so reported. He was thereupon discharged, and another bacteriologist was appointed who maintained consistently the diagnosis of fowl cholera in other subsequent cases.

October 5 and 10, cases of bubonic plague discovered.

October 12, Secretary of the State Board of Health, Dr. W. P. Mathews, wrote to Health Officer Blunt, Austin, Texas, advising him that no "suspected case" had been reported to him within 60 days. The case of October 10 had been reported to Dr. Mathews by Dr. Williamson.

October 14 and 31, and November 1, cases of bubonic plague discovered.

November 3, case of bubonic plague discovered. United States quarantine officer asked that an inspector be sent to San Francisco.

December 7, case of bubonic plague discovered. Surgeon J. H. White, of the United States Marine-Hospital Service, sent to San Francisco. Reported to Surgeon-General presence of plague.

January 6, case of bubonic plague discovered.

January 7, Legislature of California meets. A great part of the Governor's message devoted to the plague question. The Secretary of the State Board of Health drafted a bill making it a felony to print or publish or to make in writing a report of plague or cholera before the public announcement had been made by the State Board of Health. A joint resolution was introduced calling upon the President of the United States to remove United States quarantine officer Kinyoun from the Pacific Coast.

January 15, two cases of plague discovered. Surgeon White, United States Marine-Hospital Service, recommended the appointment of a Federal Commission of experts. Drs. L. F. Barker, Simon Flexner, and F. G. Novy appointed.

January 24, the joint resolution asking for the

removal of Surgeon Kinyoun passed the State Senate, but failed in the lower house.

January 28, the Federal Commission arrived in San Francisco. Rooms for the work of the Commission offered by the Medical Department of the University of California. Before the work was fairly started the president of the university requested the Commission to vacate in 24 hours, as their presence in the university building endangered the State appropriations. Quarters for the Commission were furnished by Mayor Phelan in the City Hall. Gov. H. T. Gage sent a telegram to President McKinley complaining that an undesired commission had been sent to investigate the health affairs of California, "ignoring the State authorities, and proceeding in the line with reports heretofore made" by Surgeon Kinyoun. Gov. Gage hoped that the discourtesy is not intentional. Gov. Gage also suggested that the Federal Commission be advised to cooperate with the State authorities and with home physicians and bacteriologists.

January 30, Hon. Lyman J. Gage, Secretary of the Treasury, replied to Gov. Gage, declaring the independence of the Federal Commission, disclaiming the intent of the Treasury Department to be discourteous.

January 31, Gov. Gage sent a message to the State Legislature, representing that the United States Treasury Department had sent a "commission of experts to make an *ex-parte* investigation" to be "conducted in secret," "the State being denied a hearing," imperiling "the welfare of every citizen and inhabitant of the State." He asked legislation by which the State might assume "general and unrestrained control over the subject of public health within its borders."

February 5, 6, 7, 10, 12, 14, cases of bubonic plague discovered.

February 17, Gov. Gage sent a telegram to President McKinley complaining that the Federal Commission had not given him an opportunity to meet them from January 28 until February 16, at which time the work of the Commission was done and the report about ready for transmission. A copy of a letter to the Governor sent by the Commission on January 20 is found on page 25 of the Report of the Governor's Special Committee. The Governor informed the Federal Commission that this letter was never received. On page 26 of the same pamphlet is a copy of the Governor's reply to the Federal Commission. This reply, the Commission says, was not received. Gov. Gage asked for a reinvestigation by a commission to include three Federal appointees, three State appointees, and one to be chosen by these six.

February 19, Secretary of the Treasury Gage declined to join in a reinvestigation.

February 25—March 1, Gov. Gage promised to cooperate fully and heartily with the Federal authorities and appoint five distinguished citizens to visit Washington for the purpose of consultation.

March 1, report of the special commission handed to Gov. Gage by order of the Surgeon-General.

March 10, the committee from the State of Cali-

fornia in a signed letter to the Secretary of the Treasury accepted the recommendations of the Surgeon-General, and "agree that the same shall be promptly and efficiently carried out by the health officers of the State of California and the City Board of Health of San Francisco, and—accept—the advice and cooperation of Dr. J. H. White, United States Marine-Hospital Service."

April 1, case of bubonic plague discovered.

April 4, Surgeon Kinyoun removed from San Francisco. The special committee, with the State Board of Health, began to arrange for the cleansing of Chinatown. In about three weeks the cleansing was begun. Texas threatened quarantine. Surgeon White's advice and recommendations ignored. No cases of plague discovered. The rates for sickness and death far below normal. The Surgeon-General was informed by Surgeon White that he believed that sickness and death were concealed by the collusion of the State health authorities with the Chinese Six Companies. The notification arrangement, according to the *Sacramento Bee*, was as follows: Cases of sickness among the Orientals to be reported first to the Six Companies, by the companies to the State Inspector, and by the State official to the City Board of Health and the United States Marine-Hospital Service.

May 18, Surgeon White reports to Gov. Gage the evidence of concealment of plague with the evidence of infection in other parts of the State and suggests a "quiet" investigation of places outside San Francisco.

May 28, Gov. Gage wired Surgeon White notifying him that no officer of the Federal Government had been requested to "participate in an examination, etc., outside the city and county of San Francisco. Your mere suspicion from the improved health of the Chinese district that the sick are being removed from San Francisco is not only unwarranted as a conclusion, but I know it to be unfounded in fact," Gov. Gage offered to send "someone suitably qualified professionally to look over the matter" with Dr. White, but did not send any such person, nor was any investigation made outside San Francisco.

June 7, the State Board of Health of California suggested to Dr. J. H. White that the United States Marine-Hospital Service would certify to the health authorities that there is no longer any danger of plague. Surgeon White declined to do this, and made a definite proposition to both the State Board of Health of California and the Governor, providing for the completion of the disinfection of Chinatown and the continued inspection of sickness and investigation of deaths by the United States Marine-Hospital officers.

June 8, disinfection of Chinatown suspended by order of State Board of Health.

June 10, Surgeon White re-called to Washington.

June 18-24, the Surgeon-General and Gov. Gage exchange "congratulations that no cases have been found during the progress of this work, and that the outlook is so encouraging."

July 2, a Chinese undertaker mistaking Dr. Blue,

of the United States Marine-Hospital Service, for a State health official reported the case of a moribund Chinaman. Dr. Blue and other investigators made a diagnosis of plague in this case. The State officials disputed the diagnosis and ascribed the death to syphilis. Next, 3 Japanese women were found ill with plague; 2 died and 1 recovered. The 2 deaths were charged by the State officials to sewer gas.

August 31, September 1, 11, 16, cases of bubonic plague discovered.

September 16, Gov. Gage's special committee published its report, which concludes: "San Francisco is and has been absolutely free from the disease, and those who said it existed were either mistaken or deliberately misrepresented the facts." To this is appended a report of the State Board of Health, signed by W. P. Mathews, secretary, which concludes: "We take great pleasure in assuring you that plague does not exist in San Francisco, and that it has never had lodgment there nor elsewhere in California."

September 27, two cases, and October 10, 19, 22, 30, single cases of plague discovered.

October 30, E. E. Schmitz, newly-elected Mayor of San Francisco, addressed a letter to Drs. Williamson, Baum, Buckley and Leavitt, composing City Board of Health, removing them from office, appointing in their stead Drs. J. Coplin-Stinson, A. S. Adler, T. A. Rottanzi and M. E. Van Meter. The Mayor was enjoined by the City Board of Health, and the old board still remains in office. Funds are not furnished. From this time scanty information is obtainable, no published communications between the United States Marine-Hospital Service being available, and those who conspired to suppress the facts being in complete command of the situation.

November 4 and December 12, 1901, and February 22, April 20, May 19, 28, 29, July 13, 18, 19, 20, 21, August 7, 17, 19, 20, 22, 23, 25, 26, 31, cases of bubonic plague discovered.

August 31, \$1,000 appropriated to disinfect premises and to kill rats.

September 9, 11, 16, (2), 20, 23, (2), 26 (2), October 5 (3), 8, 11, 16, 17, cases of bubonic plague discovered.

Total cases reported to October 17, 88.

AND WHEREAS, Thirty of these cases have occurred since July 13, 1902, no information as to their origin or exact location having been furnished, no effective steps having been taken to restrict the spread of the disease, the City Board of Health of San Francisco being helpless, and the *mala fides* of the State Board of Health of California having been fully established by the foregoing history, supported by documentary evidence in the possession of this Conference; therefore

Be it Resolved, That the Conference of State and Provincial Boards of Health of North America views with abhorrence the irretrievable disgrace of the State Board of Health of California, and pro-

nounces the plague situation in California a matter of grave national concern; and

Be it further Resolved, That the National Conference of State and Provincial Boards of Health of North America does hereby advise the various State Boards of Health of the United States to consider the propriety of calling upon the Surgeon-General of the United States Public Health and Marine-Hospital Service to arrange at the earliest possible date a joint conference for the purpose of eradicating plague from the United States.—*American Medicine*.

SAN FRANCISCO VITAL STATISTICS.

Ed. M. Coffey, statistician for the Department of Health, reports for the month of October as follows:

The total number of deaths recorded in this city during October was 606, equal to a death rate of 20.19 on the 1000 per annum, as against 566 for October, 1901, when the rate was 18.86. Births recorded last month numbered 500, equal to a rate of 16.65, the same number being registered in October, 1901.

The deaths recorded were distributed as follows: By sex—348 males, 258 females. By race—554 Caucasians, 37 Mongolians, 7 Japanese, 8 Africans. By nativities—Pacific Coast States 203, other States 110, foreign 280, and 13 were unascertained; 84 were under 1 year of age, 27 were between the ages of 1 and 5 years, 251 were between 5 and 50 years, and 244 were 50 and past; 289 were single, 196 married, 95 widowed, 13 divorced and 13 unascertained; 58 died in the City and County Hospital, 20 in the Almshouse, 14 in the Emergency Hospital, and 144 died in various other hospitals and sanitariums, leaving 370 deaths to be distributed throughout the city at large.

Principal causes of death were: Diphtheria 23, scarlet fever 1, typhoid fever 10, cholera infantum 6, cancer (all varieties) 37, pulmonary tuberculosis 64, other forms 9, senility (old age) 22, alcoholism 9, apoplexy 13, diseases of brain 18, of heart 70, respiratory system (including pneumonia, etc.) 52, of digestive system 59, Bright's disease 28. Accidental deaths—Asphyxia by gas 8, by falls, etc., 13, other causes 11; total 52. Homicides 3. Suicides—By firearms 8, hanging 1, by gas 1, by carbolic acid 5, other poisons 2; total 17.

The Southern Oregon Medical Association held its semi-annual meeting at Grants Pass, Oregon, on the 11th inst. Heretofore the association has held annual meetings only, meeting in May. Hereafter, meetings are to be held semi-annually, in May and November: A very pleasant and profitable meeting is reported by the attending physicians and a banquet was given at Hotel Josephine in the evening.—*Grants Pass Courier*.

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

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590 Sutter St., San Francisco.

GEORGE H. EVANS, Secretary,
807 Sutter St., San Francisco.

ELMER E. KELLY, Treasurer.
771 Sutter st., San Francisco.

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(First named being chairman.)

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ORATION IN SURGERY GRANVILLE MacGOWAN, Los Angeles

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LOUIS BAZET, San Francisco; R. L. RIGDON, San Francisco; JNO. C. SPENCER, San Francisco; A. P. WOODWARD, San Francisco; M. KROTOSZYNER, San Francisco.

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H. G. BRAINERD, Los Angeles; A. E. OSBORNE, Santa Clara; H. E. SANDERSON, Stockton; A. W. HAISHOLT, Stockton; LEO NEWMARK, San Francisco.

HYGIENE, SANITATION AND CLIMATOLOGY.

P. K. BROWN, San Francisco; H. A. L. RYFKOGEL, San Francisco; JNO. M. WILLIAMSON, San Francisco; MARY E. RITTER, Berkeley; M. GARDNER, San Francisco.

PATHOLOGY AND BACTERIOLOGY.

WM. OPHÜLS, San Francisco; STANLEY P. BLACK, Los Angeles; MAURICE W. BROWN, Alameda; HERBERT MOFFATT, San Francisco; G. E. EBRIGHT, San Francisco.

CHEMISTRY AND PHYSIOLOGY.

RAY. L. WILBUR, Stanford University; CARL R. KRONE, Oakland.

MEDICAL LEGISLATION AND EDUCATION.

HENRY GIBBONS, JR., San Francisco; W. S. THORNE, San Francisco; JAS. H. PARKINSON, Sacramento.

SCIENTIFIC PROGRAM.

J. HENRY BARBAT, San Francisco; P. M. JONES, San Francisco; DUDLEY TAIT, San Francisco; W. F. B. WAKEFIELD, Oakland; WALLACE I. TERRY, San Francisco.

NOTICE TO ALL MEMBERS

Under Art. VI, Sec. 6, of the new Constitution and By-Laws, all members intending to present papers at the next meeting of the State Society, April, 1903, MUST send their papers to the Chairman of the Committee on Scientific Program ONE MONTH BEFORE THE DATE OF THE MEETING. The papers must be examined by this committee and abstracted for the program, which program must be made up at least fifteen days before the meeting. At the last meeting of the Society it was voted to strictly adhere to this requirement, so that if your paper is not sent in by the fifteenth of March, it can not be presented to the State Society at the meeting in April.

SEND YOUR PAPERS TO DR. J. HENRY BARBAT, Chairman, 590 Sutter Street, San Francisco.

MINUTES OF THE PROCEEDINGS
OF THE
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA
AT ITS THIRTY-SECOND ANNUAL SESSION

HELD IN

GOLDEN GATE HALL, 625 SUTTER STREET, SAN FRANCISCO, CALIFORNIA, APRIL, 1902.

The meeting was called to order by the president, William J. G. Dawson of St. Helena, on Tuesday morning, April 15, 1902, at 10:30 A. M., and was opened with a prayer by Rev. Wm. C. Pond, D. D.

Wm. Fitch Cheney, Chairman of the Committee on Arrangements, delivered the address of welcome, and it was moved, seconded and carried that the address be referred to the Committee on Publication.

ADDRESS.

Mr. President, Members of the Medical Society of the State of California, Ladies and Gentlemen:

Numerous times before this our Society has met in San Francisco, but never before has it found here such a condition of prosperity as exists now. We are in the midst of a great business revival; new buildings are everywhere being erected; new enterprises are on all sides springing into life; vigor and energy are in the air; and in welcoming you at this time, it is with the hope that our proceedings may be characterized by the spirit of the day.

As individuals, physicians are as a rule men of the best education, progressive, wideawake, energetic. Yet there are many things for us to do that we can never do as individuals. Organization is required before we can make our influence most widely felt. Hence the existence of this Society. But it is a matter for deep regret that so few in the ranks of regular medicine are found within this organization.

Next to business questions comes the scientific side of our meeting. It is undoubtedly good for us to meet together and exchange views. No man knows it all. Each one is able to learn something from his neighbor. In the rush of actual work with our patients during the year, we have no time to talk over cases with each other and so to find out how the other man does his work. It is only by such meetings as this that opportunity is afforded for mutual exchange of experiences in our profession. We who belong to this Society and attend its meetings, feel that we are helped by them to increased usefulness. But still more helpfulness will come to us from wider interchange of opinions; and some way must be devised to bring about an increased membership in our Society, an increased attendance at these meetings and an increased interest in the subjects we meet to discuss.

There is still another reason for these meetings, and that is the acquaintance and good fellowship to be promoted by them amongst the

members of our profession. There will be more harmony among us, more tendency to assume that each of us is honestly doing his best, more willingness to believe that every physician is competent and upright, in direct proportion as we know each other better. Too many times we criticize the other man, we speak slightly of his work, we assume that he has not acted wisely—simply because we do not know him personally and have not learned by face to face talk with him that his preparation for his work, that his aims, his ambitions, his ideals, are the same as our own. These meetings afford the opportunity for such personal acquaintance and lay the foundation for such mutual respect.

I may be too enthusiastic, but I have the utmost faith in the good that is to come to us as medical men from organization, from exchange of knowledge, from personal acquaintance with each other, such as these meetings afford. And with these thoughts in mind, with all the vigor that the times inspire, and with all the heartiness that the present prosperity prompts, I bid you welcome to this meeting. May it be characterized by the progressiveness and the energy that now dominates the people of this, the metropolis not only of California and of the Pacific Coast, but of the western half of this great country.

The annual address was delivered by the president, William J. G. Dawson, of St. Helena. It was moved by Dr. Davis, seconded and carried, that a vote of thanks be tendered to the president for his able address, and that it be referred to the Executive Committee.

It was moved by Philip Mills Jones, seconded and carried, that the report of the Committee on the Revision of the Constitution and By-Laws be read by title in the afternoon, and that it be brought up on Thursday morning, April 17, as a special order of business, to be discussed in full.

The minutes of the morning session were then read and approved, and the meeting adjourned at 11:15 A. M. to meet again at 2 P. M.

Afternoon Session, Tuesday, April 15, 1902.

The meeting was called to order at 2:15 P. M. by the President. Dudley Tait and H. B. A. Kugeler were appointed on the Board of Censors, and Philip Mills Jones and Philip King Brown on the Executive Committee, pro tem.

The report of the special committee on the revision of Constitution and By-Laws was read by the chairman, C. G. Kenyon. It was moved, seconded and carried, that the report of the committee on revision of Constitution and By-Laws be received and referred to the Executive Committee, to be considered Thursday morning, special order of business.

The Board of Censors reported favorably on the following fifty-six names of applicants for membership: O. D. Hamlin, D. Stapler, J. H. Hawkins, W. G. Beattie, F. P. Canac-Marquis, P. K. Watters, A. Schloss, F. Zellinsky, F. O. Chamberlain, R. T. Stratton, G. H. Lillencrants, M. B. Ritter, H. G. Thomas, W. J. Barlow, A. H. Tickell, J. L. Bond, I. E. Cohn, F. W. Harris, G. L. Sanders, G. Brady, A. D. McLean, T. J. Clark, Shingo Hashimoto, C. M. Cooper, A. A. O'Neill, L. F. Dorais, H. C. Mills, E. W. King, R. M. Higgins, T. F. Brennan, J. L. McLaren, J. T. Watkins, C. F. Millar, H. G. Brainerd, H. G. Burton, F. F. Neff, W. W. Beckett, Norman Bridge, S. P. Black, H. E. Southworth, J. D. Hill, C. S. Downes, F. W. Morse, F. G. Burrows, C. M. Tinsman, A. M. Winegar, T. D. Ross, E. von Adelung, H. C. Whiting, J. W. Key, H. L. Parish, A. M. Loper, O. Stansbury, T. C. Edwards, L. L. Meininger, G. C. MacDonald.

Moved, seconded and carried that the report be received and the secretary cast the ballot of the Society for the entire number, which having been done, they were declared elected by the president.

Report of the Committee on Clinical Medicine and Therapeutics, Geo. A. Hare of Fresno, chairman, who read a paper entitled "Hydrotherapy, a Short Sketch of the History of its Development, a Brief Discussion of its Physiological Therapeutics and a Report of Some Experimental Work." The paper was referred to the Committee on Publication.

The discussion was opened by Geo. L. Cole of Los Angeles.

Moved, seconded and carried that the discussion on the papers of Hydrotherapy be laid over until all the papers on the subject were read.

F. L. Adams of Oakland read a paper, "Hydrotherapy in Typhoid Fever." This paper was referred to the Committee on Publication.

A. J. Sanderson of San Francisco read a paper, "Hydrotherapy in Pneumonia." This paper was referred to the Committee on Publication.

These papers were discussed by H. N. Rucker of Oakland.

Philip King Brown of San Francisco read a paper entitled "Lobar Pneumonia, Followed by Pneumococcus Infection of the Right Antrum, Lachrymal Duct, and a Pseudo-Membranous Affection of the Throat, and Six Days Later by a Typical Diphtheria." This paper was referred to the Committee on Publication.

George A. Hare of Fresno offered the following resolution: "Resolved, That we are in favor of introducing into the Medical Schools of the United States the practical teaching of Hydrotherapy." This resolution was referred to the Executive Committee.

Alfred Eichler read a paper entitled "The Etiology and Diagnosis of Appendicitis," which was referred to the Committee on Publication.

C. F. Griffin of San Francisco read a paper entitled "X-Ray Tube Vacua, Commercial Notation of," which was referred to the Committee on Publication.

The President appointed A. J. Sanderson as Assistant Secretary; also H. Bert Ellis on the Executive Committee; vice P. K. Brown, resigned.

The Board of Censors made a report and recommended the following six names for membership: W. B. Sawyer, A. B. Grosse, J. von Werthern, L. P. Adams, A. S. Adler, S. B. Gordon. The Secretary cast the ballot for the entire number, and they were declared elected.

Report of the Committee on Neurology, A. M. Gardner of Belmont, chairman, who read a paper entitled "State Hospital Care and Treatment of the Acute and Convalescing Insane," which was referred to the Committee on Publication, and was discussed by E. W. King, H. N. Rucker and H. G. Brainerd.

Leo Newmark of San Francisco read a paper entitled "Observations on Convulsive Seizures," which was referred to the Committee on Publication.

Minutes were read and approved, and the meeting adjourned at 6 p. m.

Evening Session, Tuesday, April 15, 1902.

The meeting was called to order by the president at 8:15 p. m. Report of the Committee on Ophthalmology, Geo. H. Powers of San Francisco, chairman, who read a paper entitled "Errors of Refraction."

W. A. Martin of San Francisco read a paper entitled "Errors of Refraction as a Cause of Diseases of the Eye."

Rosamond L. Cox of San Francisco read a paper entitled "Errors of Refraction as a Causative Factor in Headaches."

W. S. Fowler of Bakersfield read a paper entitled "Correction of Errors of Refraction." These papers were referred to the Committee on Publication.

The discussion was opened by A. B. McKee of San Francisco, and continued by F. B. Eaton of San Francisco, W. E. Briggs of Sacramento, and K. Pischel of San Francisco, and closed by Geo. H. Powers of San Francisco.

W. F. Southard of San Francisco read a paper entitled "Retinal Anaesthesia," which was referred to the Committee on Publication.

Report of the Committee on Laryngology, Rhinology and Otology, W. F. Southard of San Francisco, chairman.

K. Pischel of San Francisco demonstrated a case of "Frog Face," which was discussed by R. D. Cohn of San Francisco.

W. F. Southard of San Francisco read a paper entitled "The Turbinates, Their Pathology and Treatment." This was discussed by R. W. Payne, K. Pischel, W. A. Martin and J. D. Arnold of San Francisco.

H. L. Wagner's paper entitled "Traumatic Paresis of the Soft Palate," was read by title, and referred to the Committee on Publication; also M. W. Frederick's paper on the "Treatment of Sclerosis of the Middle Ear."

W. A. Martin of San Francisco read a paper on "A New Adenoid Curette Forceps with Presentation of Instruments," which was referred to the Committee on Publication.

The minutes of the first evening session were read and approved and the meeting adjourned at 11 p. m. *Second Morning Session, Wednesday, April 16, 1902.*

The meeting was called to order at 9:25 a. m. by the President. Report of the Committee on Obstetrics and Puerperal Diseases, H. M. Pond of Alameda, chairman, who read a paper on "Puerperal Eclampsia," and it was referred to the Committee on Publication. The paper was discussed by G. Gross and M. Strunsky of San Francisco, and closed by H. M. Pond of Alameda.

The paper of H. D. Lawhead of Woodland entitled "A Case of Extra-Uterine Pregnancy" was read by title, and referred to the Committee on Publication.

The paper of Chas. D. Ball of Santa Ana on the "Surgical Treatment of Puerperal Fever," was read by title and referred to the Committee on Publication.

Adelaide Brown of San Francisco read a paper entitled "A Case of Cesarean Section Necessitated by Vento Suspension." The paper was referred to the Committee on Publication.

The Board of Censors reported favorably upon the following five names: J. H. McLeod, H. A. Hess, E. R. Sill, C. W. Knowles, C. W. Pierce and recommended them for membership; the Secretary cast the ballot of the Society and they were declared elected by the president.

Report of the Committee on Pediatrics, E. G. Frisbie of San Francisco, chairman. "Symposium on Pott's Disease of the Spine in Children"; Emma S. Merritt of San Francisco, "History of the Disease"; Lucy M. F. Wanser of San Francisco, "Etiology and Pathology"; E. G. Frisbie of San Francisco, "Symptoms and Diagnosis"; J. H. Tebbetts of Hollister,

"Complications"; S. J. Hunkin of San Francisco, "Treatment."

These papers were referred to the Committee on Publication and were discussed by A. W. Morton of San Francisco, F. L. Adams of Oakland and J. T. Watkins of San Francisco.

The minutes of the second morning session were read and approved, and the meeting adjourned at 11:55 A. M.

Second Afternoon Session, Wednesday, April 16, 1902.

Meeting called to order by the president at 2:10 P. M.

Report of the Committee on Gynecology, Walter Lindley of Los Angeles, chairman, who read a paper entitled "Oophorectomy—Its Effect on the Nervous System," which was referred to the Committee on Publication.

The discussion was opened by C. A. Von Hoffman of San Francisco, and continued by George L. Cole of Los Angeles and W. W. Kerr of San Francisco.

The paper of F. W. Vowinkel on "Fibromyomata of the Uterus," was read by title and referred to the Committee on Publication, after a motion to grant the author one hour's time in which to appear and to read his paper, was lost.

The Secretary read a communication from the San Francisco Department of Public Health, containing a letter from the President of the National Conference, State Boards of Health; also a copy of resolutions adopted at the last meeting of the San Francisco County Medical Society. This communication was referred to the Executive Committee.

A. M. Taylor of San Francisco read a paper on "Treatment of the Uterus and Appendages per Vaginum," which was referred to the Committee on Publication, and was discussed by J. Henry Barbat, Beverly MacMonagle, F. B. Carpenter and J. C. Stinson of San Francisco.

The Board of Censors presented a report and recommended the following thirteen applicants: J. L. Carson, C. J. McChesney, W. K. Lindsay, M. F. McTaggart, W. M. Wightman, J. G. Sharp, A. M. McIntosh, H. G. Wyckoff, R. W. O'Bannon, T. G. Russell, W. J. Bauer, M. L. Loomis, C. H. Roese. The Secretary cast the ballot and they were declared elected by the president.

W. F. B. Wakefield of Oakland, read a paper entitled "Conservatism in Gynecology," which was referred to the Committee on Publication and was discussed by J. Henry Barbat of San Francisco.

Dudley Tait of San Francisco read a paper on the "Technique and Advantages of Bisection of the Uterus by the Abdominal Route," which was referred to the Committee on Publication, and was discussed by J. Henry Barbat, Beverly MacMonagle, A. Miles Taylor and D. Stapler of San Francisco.

J. Henry Barbat read a paper entitled "The Prevention of Post-Operative Adhesions in Pelvic Surgery," which was referred to the Committee on Publication.

The minutes of the session were read and approved. The meeting adjourned at 5 P. M.

Second Evening Session, Wednesday, April 16, 1902.

The meeting was called to order by the President at 8:10 P. M.

Report of the Committee on Surgery and Surgical Anatomy, D. D. Crowley of Oakland, chairman, who read a paper on the "Suture of Tendons and Muscles." This paper was referred to the Committee on Publication, and was discussed by H. M. Sherman, T. W. Huntington, K. Pischel, S. J. Hunkin, G. F. Shields and E. G. Frisbie of San Francisco.

Thomas W. Huntington of San Francisco read a paper entitled "Some Observations Relative to Non-Malignant Pyloric Stenosis, with a Report of Two Cases Treated by the Heineke-Mikulicz Method," which was referred to the Committee on Publication.

This paper was discussed by Dudley Tait of San Francisco.

Emmet Rixford of San Francisco read a paper on "Fracture of the Pelvis," which was referred to the Committee on Publication.

Moved by J. Henry Barbat, seconded and carried, that the president be empowered to appoint a committee of five to be called the Nominating Committee, to facilitate the annual election of officers, by presenting a list of nominees. The President appointed the following: Dudley Tait, P. K. Brown, D. A. Hodghead, H. Bert Ellis, and J. Henry Barbat.

A. W. Morton of San Francisco read a paper entitled "Bone Grafting, with the Report of a Case." This paper was referred to the Committee on Publication and was discussed by S. J. Hunkin of San Francisco.

J. Henry Barbat of San Francisco read a paper entitled "Appendicitis, Showing the Difficulties that Sometimes Confuse the Diagnostician, with a Report of Several Cases." This paper was referred to the Committee on Publication, and discussed by Dudley Tait, A. W. Morton and F. B. Carpenter of San Francisco, D. D. Crowley and W. F. B. Wakefield of Oakland and G. A. Hare of Fresno.

Charles G. Levison of San Francisco read a paper entitled "Surgery of the Spleen, with Especial Reference to Banti's Disease and Splenic Anemia; Nature of Banti's Disease; Description of the Blood Findings; Indications for the Removal of the Spleen; Report of a Case of Banti's Disease; Statistics." This paper was referred to the Committee on Publication.

Dudley Tait of San Francisco read a paper on the "Technique of Louget's Operation for Radical Cure of Hydrocele." This paper was referred to the Committee on Publication and discussed by M. Krotoszyner of San Francisco.

Oscar J. Mayer read a paper entitled "Angiotripsy, Replacing the Ligature in Routine Work of General Surgery," which was referred to the Committee on Publication, and was discussed by Dudley Tait, E. M. Paterson, A. W. Morton, J. Henry Barbat and F. B. Carpenter of San Francisco.

The minutes of the second evening session were read and approved and the meeting adjourned at 12 P. M.

Third Morning Session, Thursday, April 17, 1902.

The meeting was called to order at 9:15 A. M. by the President.

Report of the Committee on Dermatology and Genito-Urinary Diseases, J. C. Spencer of San Francisco, chairman, who read a paper on "The Prophylaxis of Venereal Diseases." The discussion was opened by George Chismore of San Francisco and participated in by M. Krotoszyner and D. W. Montgomery of San Francisco.

Special order of business was called. The Executive Committee presented the Report of the Committee on Revision of the Constitution and By-Laws, and on motion of J. H. Parkinson, it was ordered that the report be read and adopted section by section. Philip Mills Jones for the Executive Committee then made their report. (The Constitution and By-Laws, as adopted follow on next p. g.)

It was moved that a vote of thanks be tendered to the Committee on Revision for the work they had done, which motion was seconded and carried unanimously.

It was moved, seconded and carried, that 3 o'clock be set aside as a special order of business, for the purpose of electing officers for the ensuing year, and transaction of business for this session.

Committee on Revision presented some bills which were referred to the Executive Committee.

The minutes were read and approved. Adjournment 12:15 P. M.

(Minutes of proceedings will be continued in the December JOURNAL.)

CONSTITUTION.

ARTICLE I.

NAME AND OBJECTS.

SECTION 1. The name of this Society shall be the "Medical Society of the State of California."

SEC. 2. The objects of this Society are the organization, protection and defense of the medical profession of the State of California; the cultivation and advancement of the science of Medicine, and the promotion of public health.

ARTICLE II.

COMPOSITION.

SECTION 1. The Society shall be composed of members of the regular medical profession of the State of California, of Associate and of Honorary members.

ARTICLE III.

SCIENTIFIC AND LEGISLATIVE BRANCHES.

SECTION 1. This Society shall be divided into a Scientific and a Legislative Branch, the objects and purposes of which shall be such as are provided in the By-Laws.

SEC. 2. The Legislative Branch shall consist of not more than eight delegates, elected by the members at large, and by the county medical societies, which are recognized by this Society, in accordance with the By-Laws directing the apportionment of representation.

ARTICLE IV.

MEETINGS.

SECTION 1. The regular meetings of this Society shall be held annually.

SEC. 2. Special meetings of the Legislative Branch may be convened as the By-Laws provide.

SEC. 3. Twenty-five members shall constitute a quorum in the Legislative Branch.

ARTICLE V.

OFFICERS.

SECTION 1. The Officers of this Society shall be a President, a First Vice-President, a Second Vice-President, a Secretary, two assistant Secretaries, a Treasurer, five members of the Board of Medical Examiners, and eleven Trustees, all of whom shall be elected by the Legislative Branch. Of the Trustees, one shall be elected from each of the eight Congressional Districts, and three shall be elected as Trustees-at-Large. Not more than two Trustees shall be elected from any one Congressional District.

(Amended to read as above.)

SEC. 2. The selection of the place of meeting, and the election of officers, shall be the first order of business of the Legislative Branch at the second evening session of each annual meeting.

SEC. 3. All officers shall be elected by ballot, and shall serve until their successors are chosen and qualified.

SEC. 4. No member of the Legislative Branch of this Society shall be eligible to any of the offices mentioned in Section 1 of this Article.

ARTICLE VI.

ETHICS.

SECTION 1. The Code of Ethics of the American Medical Association shall be the Code of Ethics of this Society.

ARTICLE VII.

AMENDMENTS.

SECTION 1. The Legislative Branch shall have authority to amend any Article or Section of this Constitution by a three-fourths affirmative vote of the members present, provided, that such amendment has been submitted in writing at an annual meeting one year previous to being acted upon, and, during the interim officially submitted to each county medical society for consideration. The hour at which such vote is to be taken shall be announced by the presiding officer, at least one day previous to date of final action.

BY-LAWS.

ARTICLE I.

MEMBERSHIP.

SECTION 1. All members of affiliated county medical societies shall, by virtue of such membership, be members of this Society, when duly reported by the President and Secretary of the County Medical Society.

SEC. 2. It shall be the duty of the President and Secretary of each county medical society to furnish the Secretary of this Society with a correct list of its members, at least one week prior to each annual meeting.

SEC. 3. Any regular physician residing in a county in which there is no county medical society in affiliation with this Society, may make application for membership to the Judicial Council. The Council shall ascertain the qualifications and standing of the applicant, and report to the Legislative Branch at the next annual meeting. If such report be favorable, and adopted by a majority vote of the Legislative Branch, the applicant shall be declared a member of this Society.

SEC. 4. Any one who is a member of the State Society previous to the adoption of this Constitution and By-Laws, but who does not belong to an affiliated County Medical Society, shall be permitted to continue his membership in this Society. Such members, and the members mentioned in the foregoing section, shall pay Three Dollars (\$3.00) annually to the Secretary of this Society within thirty days after each annual meeting.

SEC. 5. Associate members are those who were regular members of this Society for a period of ten consecutive years and have removed from the State of California permanently. Any member of this Society desiring to become an Associate member, may do so by making application through his County Medical Society; if not a member of a county medical society, direct to the Judicial Council, and, when favorably acted upon by said council, he shall be recognized as an Associate member; he shall be privileged to take part in the scientific meetings only, and to receive programs and transactions.

SEC. 6. Honorary members are such distinguished persons as this Society may deem worthy of the compliment, and, after nomination in writing by three members, they may be elected to membership by the Legislative Branch at any regular meeting. Their privileges shall be to take part in the scientific sessions, and to receive programs and transactions.

ARTICLE II.

MEETINGS.

SECTION 1. The annual meetings of this Society shall convene on the third Tuesday in April of each year.

SEC. 2. Special meetings of the Legislative Branch may be called by the President upon the written request of at least twenty-five members of the said Branch, provided that each member of this Branch is notified as to time, place and object of the proposed meeting.

SEC. 3. During the annual meeting of this Society, the Scientific Branch shall convene on the first day at 10 a. m., and thereafter each day at 9 a. m. and at 2 p. m. The Legislative Branch shall meet each day at 8 p. m., or at such other time as will not conflict with the sessions of the Scientific Branch.

(Amended to read as above.)

ARTICLE III.

DUTIES OF OFFICERS.

SECTION 1. The President shall preside at the meetings of the Scientific and Legislative Branches. He shall appoint a member to deliver at the next annual meeting an address on "Medicine," and another to deliver an address on "Surgery." He shall appoint all standing committees, and, unless otherwise ordered by a vote of the Legislative Branch, all special committees. He shall have a casting vote when necessary, and preserve order and decorum. On the morning of the first day of the annual meeting following his election, he shall deliver an address upon such matters as he may deem of importance to the Society, and shall perform such other duties as custom and parliamentary usage require.

SEC. 2. On the request of the President, or, in his absence, one of the Vice-Presidents shall preside. In the event of the absence of the President and both Vice-Presidents, the two Branches of this Society, in joint session, may elect a President pro tem.

SEC. 3. The Secretary shall keep correct minutes of the transactions of both branches of this Society, and, when approved, transcribe them into a book for that purpose. He shall have charge of all books, papers and documents belonging to this Society, other than those pertaining to the Treasurer, the Trustees, or the Committee on Publication. Within ten days after adjournment of each annual meeting he shall furnish the Committee on Publication with a correct copy of the minutes for publication. He shall notify all the members of committees of their appointment, and request an answer in writing in

regard to acceptance. He shall furnish the chairman of every committee with the names of his associates, and, in case of special committees, with a copy of the resolution or resolutions under which the committee was appointed. He shall verify the credentials of members and delegates. He shall keep a roll of members. He shall provide a book of registration, to be signed by all members in attendance, and a separate book, to be signed by all delegates. He shall forward credentials to members who may be elected delegates to the American Medical Association. He shall give due notice to all members and all county medical societies one month in advance of the annual meeting of this Society. He shall collect all money due this Society, and pay the same to the Treasurer within ten days after receipt thereof. He shall furnish to the Trustees a bond in the sum of One Thousand Dollars (\$1,000.00) for the faithful performance of his duties. He shall make an annual report and shall perform such other duties pertaining to his office as may be required.

SEC. 4. The Assistant Secretaries shall assist in all the duties of the Secretary during the meetings of the Society, and shall officiate in the absence of the Secretary.

SEC. 5. The Treasurer shall have charge of all the funds of this Society and shall disburse the same under the authority of the Legislative Branch upon warrants attested by the Secretary and countersigned by the President, or by written order of the Board of Trustees similarly attested and countersigned. He shall furnish to the Trustees a bond in the sum of Two Thousand Dollars (\$2,000.00) for the faithful performance of his duties. He shall make an annual report in writing of the finances of the Society to the Legislative Branch.

SEC. 6. The Board of Trustees shall have supervision of the business of the Society. It shall elect from its members a Chairman and a Secretary. It shall hold at least two meetings annually. It shall fix annually the assessment of the county medical societies, and issue a written order to the Treasurer authorizing the payment of money, in accordance with Article III, Section 5, of these By-Laws. It shall have the power to invest the funds of this Society. Whenever the number of delegates exceeds eighty, as provided in Article III, Section 2, of the Constitution, it shall make a reapportionment that will bring the number of delegates within the constitutional limit, after carefully examining the membership list of affiliated county medical societies to determine therefrom the number of delegates to which each county medical society should be entitled, such reapportionment to take place at the annual meeting next succeeding that at which the reapportionment is approved by the Legislative Branch. It shall fix the salaries of the Secretary, the Treasurer, and the Editor of the Transactions.

Acting as a Judicial Council, it shall take cognizance of and decide upon questions of an ethical or judicial character that may come before it, or be referred to it by county medical societies, or members thereof. It shall carefully investigate all charges of mal-practice alleged against a member in good standing, and if it is found that such charges are groundless, it may take such steps as may be considered best for the protection and defense of the accused. When deemed necessary, the Council is authorized to employ an attorney to advise or defend in all matters for or on behalf of this Society, or a member of the same. The Council shall meet at the call of the Chairman for the transaction of any business that may be properly presented to it. It shall keep a record of all of its proceedings and submit a report in writing, signed by a majority of the Council, to the Legislative Branch at each annual meeting.

SEC. 7. The duties of the members of the Board of Medical Examiners elected by this Society shall be such as are prescribed by the laws of California governing said Board.

ARTICLE IV.

LEGISLATIVE BRANCH AND DELEGATES.

SECTION 1. The Legislative Branch shall be the legislative and fiscal body of the Medical Society of the State of California, and shall consist of delegates representing each affiliated county medical society and delegates representing members at large.

SEC. 2. Each county medical society entitled to representation shall have the privilege of sending to the State Society one delegate for every fifty of its number, and one for any additional fraction of that number, but each affiliated society having less than fifty members shall be entitled to one delegate. All members who are not connected with an affiliated county medical society shall be members at large, and shall be entitled to the same proportional representation.

SEC. 3. Delegates to the Legislative Branch shall be elected for a term of two years, and those societies entitled to more than one representative are required to arrange such election so that one-half of their delegates, as near as may be, shall be elected each year, excepting the first election of delegates after the adoption of this Constitution and By-Laws, when one-half shall be elected for one year.

SEC. 4. At the first annual meeting of this Society, after the adoption of this Constitution and By-Laws, the delegates of the county medical societies entitled to only one delegate shall draw lots to determine which half of the delegates shall hold for one year. Thereafter all delegates shall hold for two years, or until their successors are chosen.

SEC. 5. The Legislative Branch shall approve all memorials and resolutions of whatever character issued in the name of the Medical Society of the State of California before the same shall become effective.

SEC. 6. The sessions of the Legislative Branch shall be open to all members of this Society, but, except upon invitation of this Branch, they shall have no right to participate in its proceedings.

ARTICLE V.

SCIENTIFIC BRANCH.

SECTION 1. The Scientific Branch shall be for the benefit of all members, for the purpose of promoting scientific medicine and surgery, the maintenance of the honor and character of the medical profession, and to further cordial relations and fellowship.

ARTICLE VI.

COMMITTEES.

SECTION 1. The following standing committees shall be appointed annually: 1. Arrangements; 2. Publication; 3. Auditing; 4. Memorial; 5. Medicine and Therapeutics; 6. Surgery and Anatomy; 7. Obstetrics; 8. Gynecology; 9. Pediatrics; 10. Eye; 11. Ear, Nose and Throat; 12. Genito-Urinary Diseases; 13. Cutaneous Diseases; 14. Nervous and Mental Diseases; 15. Hygiene, Sanitation and Climatology; 16. Pathology and Bacteriology; 17. Chemistry and Physiology; 18. Medical Legislation and Education; 19. Scientific Program.

(Amended to read as above.)

SEC. 2. The Committee on Arrangements shall consist of five members, the Chairman of which shall be a member of an affiliated society of the county in which the next annual meeting of this Society is to be held. Its duties shall be to perfect the program and make all necessary arrangements for the annual meeting, for which it is appointed.

(Amended to read as above.)

SEC. 3. The Committee on Publication shall consist of five members. It shall supervise all the publications of this Society, and it shall have full power to determine what papers, or portions of papers, shall appear in the printed transactions. No paper that has appeared in print, or has been read before any medical association prior to its presentation to this Society, shall be published in the transactions. The Chairman of this committee shall be editor of the transactions, and may be paid such salary as the Board of Trustees may determine.

SEC. 4. The Auditing Committee shall consist of three members. Its duties shall be to examine all bills and warrants, audit the accounts of this Society, and report in writing to the Legislative Branch.

SEC. 5. The Memorial Committee shall consist of three members. Its duties shall be to present a "Memorium" upon those members who have died during the current year.

SEC. 6. The Committee on Scientific Program shall consist of five members. Its duties shall be to arrange the program of reports of scientific standing committees, with discretionary power to select and arrange voluntary papers and discussions thereon, and to furnish a copy of such program to the Committee on Arrangements at least fifteen days prior to date of annual meeting.

SEC. 7. The remaining standing committees shall be designated "Scientific Committees," and shall each consist of five members. They shall report to the Scientific Branch by contributing papers or other scientific matter germane to their respective subjects.

(Amended to read as above.)

SEC. 8. The Chairman of each Scientific Committee shall send to the Committee on Scientific Program the names of authors and titles of all papers and reports to be presented from his section at least thirty days before the date of the annual meeting. The papers or reports to be read, or a copy thereof, shall be placed in the hands of the Committee on Scientific Program at least fifteen days prior to date of annual meeting.

SEC. 9. No paper, address or report presented before the Scientific Branch, except the address of the President, shall occupy more than twenty minutes. In discussion, no member shall be allowed to occupy more than five minutes, except by consent.

ARTICLE VII.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

SECTION 1. In accordance with the By-Laws of the American Medical Association, the Legislative Branch of this Society shall elect one delegate and an alternate for every five hundred of its regular members, and one delegate for any additional fraction of that number.

ARTICLE VIII.

ORDER OF BUSINESS—SCIENTIFIC BRANCH.

SECTION 1.

1. Calling to order.
2. Address of Welcome.
3. Address by President.
4. Reading and discussion of papers and reports of Standing Committees.
5. Reading and adoption of minutes.
6. Adjournment.

SEC. 2. Legislative Branch:

1. Calling to order.
2. Roll call.
3. Report of President.
4. Report of Secretary.
5. Report of Trustees and Judicial Council.
6. Report of Treasurer.
7. Report of Standing Committees.

8. Report of Special Committees.
9. Unfinished Business.
10. New Business.
11. Selection of place of meeting.
12. Election of Officers and Delegates.
13. Reading and adoption of minutes before adjournment of each session.
14. Adjournment.

SEC. 3. The above Order of Business of either Branch of this Society shall be subject to temporary change or suspension by a majority vote of all members present, except the selection of the next place of meeting and the election of Officers and Delegates, as provided in Article V, Section 2, of the Constitution.

ARTICLE IX. RULES OF ORDER.

SECTION 1. This Society shall be governed by the rules prescribed in "Roberts' Rules of Order."

ARTICLE X. REFERENDUM.

SECTION 1. The Scientific Branch shall have the right to refer any question pertaining to the scientific interest only of said Branch upon a two-thirds vote, to the Legislative Branch, for its consideration and action.

ARTICLE XI. REVENUE.

SECTION 1. Revenue for meeting current and other expenses of this Society shall be raised as follows:

Each county medical society in affiliation with this Society shall be assessed not less than One Dollar (\$1.00) per member annually, or such further sum, not to exceed Five Dollars (\$5.00) per member, as may be assessed annually by the Board of Trustees, such further sum to be paid also by the members at large annually at a per capita rate.

By voluntary contributions for specific objects.

From the profits of publications.

From dues of members residing in a county in which there is no county medical society, and from members who were such prior to the adoption of this Constitution and By-Laws, but not members of a county medical society.

(Amended to read as above.)

ARTICLE XII. APPROPRIATIONS.

SECTION 1. Funds may be appropriated by the Legislative Branch, or a majority vote of the Board of Trustees, for defraying the expenses of the annual meetings, for publications, payment of salaries, to enable standing and special committees to conduct their correspondence, procure aid and materials necessary for the completion of their reports, and for the encouragement of original and scientific investigation by awarding prizes.

SEC. 2. The annual salary of the Secretary shall not exceed Two Hundred Dollars (\$200.00). The annual salary of the Treasurer shall not exceed One Hundred Dollars (\$100.00), and the annual salary of the Editor of the Transactions shall not exceed One Hundred and Fifty Dollars (\$150.00).

ARTICLE XIII. ORGANIZATION AND MEMBERSHIP OF COUNTY MEDICAL SOCIETIES.

SECTION 1. It shall be the privilege and duty, when practicable, of members of the regular profession living in any county in this State, to organize a County Medical Society, to affiliate with the State Society, provided that public notice of the meeting for that purpose be given, and that all regular physicians in good standing in the county be invited to join therein. Such society may elect officers and adopt By-Laws that do not contravene those of the State Society. But one County Medical Society in each county of the State shall be recognized in affiliation with this Society.

In counties where it is not practicable to organize a County Medical Society, any member of the profession in said county may have the privilege of uniting with the Society of an adjoining county, but such membership shall continue only during the time that no organized County Medical Society exists in that county. If, however, it is more convenient for a physician who lives in one county to attend the meetings of an adjoining County Medical Society, he may, with the consent of the Judicial Council, continue as or become a member of such Society.

SEC. 2. When a member in good standing removes to another county, his name shall be transferred to the roll of members of the County Medical Society of his new residence, if a society exists in that county, otherwise, if he so desires, to the most convenient adjoining County Medical Society.

SEC. 3. No one shall be admitted to membership in a County Medical Society who is not a legalized regular practitioner, and of good moral and professional standing.

ARTICLE XIV. PRIVILEGES AND REQUIREMENTS OF COUNTY MEDICAL SOCIETIES.

SECTION 1. Each County Medical Society now existing, or which may hereafter be organized, and shall elect to become affiliated with the Medical Society of the State of California,

shall transmit to the Secretary of the said State Society a copy of its By-Laws and Rules, with the names of officers and members, and as soon as the report is returned, approved by the Judicial Council, the Society will thereafter be recognized as an affiliated Society and authorized to elect delegates to the Legislative Branch of this Society.

SEC. 2. The officers of a County Medical Society shall be a President, a Vice-President, a Secretary and a Treasurer. Any Society may have a second Vice-President, a Corresponding Secretary, a Librarian and a Board of Trustees.

SEC. 3. As provided in Article I of these By-Laws, the Secretary of each County Medical Society shall forward to the Secretary of this Society a certified list of officers and members, of delegates elected to the Legislative Branch, also remittance of dues one week before each annual meeting. In case of failure of any County Medical Society to so report its membership and delegates, and pay its dues, said Secretary shall not be entitled to representation nor to its quota of publications until such delinquency is satisfied.

SEC. 4. And County Medical Society having its privileges suspended for two successive years shall be dropped from the list of affiliated societies.

SEC. 5. If any County Medical Society shall refuse to pay its annual assessment, or to investigate a charge of violation of the Code of Ethics on the part of any member, or to discipline such member if found guilty, or commit any act which may be derogatory to the honor of the medical profession, such society shall, during such time, have all its rights and privileges suspended.

SEC. 6. No member of a County Medical Society shall be deprived of his membership unless by his own act, except by a three-fourths affirmative vote of all members present at a regular meeting, and after an opportunity has been given for the accused to be heard in his own defense; but a member shall be dropped from the roll of membership for two years non-payment of dues, or for a revocation of his certificate by the Board of Medical Examiners of the State of California.

SEC. 7. No member shall be permitted to resign while he owes dues, or while he is under charges. Any member of a County Medical Society who is censured, suspended or expelled, shall have the right to appeal to the Judicial Council of the State Society. This appeal must be made within three months from date of the act of censure, suspension or expulsion. The decision of the Judicial Council shall be reported to the Legislative Branch of the State Society at its next annual meeting for final adjudication.

SEC. 8. When a member shall resign his membership in his County Medical Society, he shall thereby forfeit all right and title to any share in the privileges and property of the Medical Society of the State of California, or its subordinate divisions.

ARTICLE XV. NOTICES OF DEATH.

SECTION 1. On the death of any member, the Secretary of the Society to which he belonged shall send notice of his death, also biographical data, to the Chairman of the Memorial Committee of the State Society.

ARTICLE XVI. SEALS.

SECTION 1. The Seal of this Society shall be of the same size and design as the Seal of the State of California. The marginal inscription shall have in the upper segment, "The Medical Society of the State of California"; in the lower segment, "1856 and 1902."

It shall be in the custody of the Secretary of this Society, and shall be affixed to all papers emanating from the Medical Society of the State of California.

SEC. 2. The Seal of each of the County Medical Societies shall be identical in size and design with that of the State Society. The marginal inscription shall have in the upper segment the year of its organization and the letters "M. S. S. C."; in the lower segment the name of the Society.

ARTICLE XVII. AMENDMENT TO BY-LAWS.

SECTION 1. The Legislative Branch is authorized to amend any Article or Section of the By-Laws by a three-fourths affirmative vote of the members present, provided that such amendment has been submitted in writing and posted in a conspicuous place in the hall where the sessions of the Society are being held twenty-four hours previous to being voted upon.

SEC. 2. The Constitution and By-Laws heretofore governing this Society are hereby repealed, except so far as the dues for the present fiscal year are concerned, and this Constitution and By-Laws shall be in full force and effect immediately after adjournment of the annual meeting of the State Society, by which it is declared duly adopted. All the officers elected at this session, to serve under the new Constitution and By-Laws, shall be such as are required by the new Constitution and By-Laws, and shall be considered duly elected.

IMPORTANT ADDITION.

The San Francisco Evening Post of the 13th says: "A physiology hall, containing a salt water aquarium, research laboratories and class laboratories, will be erected at once on the Berkeley campus, through the generosity of Mr. Rudolph Spreckels. Physiology Hall will shelter the new department which is to be organized by Dr. Jacques Loeb. A number of scientists will come to Berkeley with Dr. Loeb, in order to avail themselves of the opportunities for research offered by the new university laboratories. These investigators will have no official connection with the university, but will devote their entire time to research.

"As aides Professor Loeb will have Dr. Frank Watts Bancroft, already instructor in physiology in the university, who will have charge of undergraduate instruction in the subject; Dr. Martin Fischer, a man who has already published many valuable researches in physiology, who will have charge of the instruction for medical students, and Mr. Charles Gardner Rogers, who is to be assistant in physiology in Dr. Loeb's laboratories in Berkeley. Dr. Fischer and Mr. Rogers are associate and assistant in physiology in the University of Chicago.

"The plans of Physiology Hall have already been drawn, after a conference in Chicago between Professor Loeb and John Galen Howard, supervising architect of the university. Howard will arrive from the East Thursday evening, and work on the new building will be begun within a short time. The pressing need for the building, for Dr. Loeb will begin his work in Berkeley in January, requires that the building which Mr. Spreckels will erect shall be temporary in construction. Its plaster exterior will, however, be of pleasing architecture. The central portion of the building, two stories in height, will be devoted to research. It will contain a number of private laboratories for the use of Dr. Loeb and his assistants and for visiting investigators. In this part of the building there will be also storerooms for materials and supplies."

Dr. Luc H. J. Masson died in Paris on October 14th. He came to San Francisco in 1896 and practiced here until this year. He was born in Canada and received his degrees from the College of Physicians and Surgeons, Quebec; the Faculty of Medicine, Paris, and the University of Louvain, Belgium. He succumbed to an attack of appendicitis.

The body of Dr. Lorenzo T. Gorsuch, who died at Forest Hill, near Colfax, October 31st, was shipped to Centerville, Iowa, his former home, for burial. The remains were accompanied by his brother, Dr. J. H. Gorsuch of this city. The deceased was 30 years of age, and up to about five months ago resided in Oakland. Tuberculosis was the cause of his death. Deceased was a brother-in-law of Dr. H. F. Worley, also of this city, who went to Forest Hill upon receipt of the telegram announcing the death.—Oakland Enquirer.

PATHOLOGICAL CONGRESS.

A cable dispatch under date of October 24th, from Berlin says:

About 100 eminent authorities on pathological research assembled in the Prussian Parliament House yesterday to discuss the results of another year's inquiries into the nature and treatment of consumption. Most of those who have come to the congress from a dozen countries have something original to contribute. France is represented by twenty delegates and Germany by more. Among the German representatives is Dr. Koch. There are two delegates from the United States.

The feature of the day was an account by Dr. Chalmette of Lille, France, of the house to house crusade against tuberculosis in France, especially the nursing at home system carried on by private beneficence. The State partakes in this only by subsidies from the Mutual betting at the races. Societies have been formed in each town, supported by the town councils and various social groups, that try to prevent the spread of consumption among the working classes, and sanitarily educate their families, supplying advice and medicine at dispensaries. Dr. Chalmette described the operations at Lille since February, 1901. The principle is to give the largest relief to the less seriously injured among the poorest people so as to lengthen their economic life. Every patient's lodgings at regular intervals are washed with chloride of lime and the walls are whitewashed. The sanitary education of the families is done at home, mostly by intelligent workmen, especially taught for this kind of lecturing. They explain how to make a house healthy, disinfect linen and supply food and material for relief during the person's enforced idleness. Expectorators are instructed that spitting is as dangerous to them as to the persons around them, because the expectorators inhale bacilli.

Dr. Van Rynn of Brussels, read a paper on the notification of consumption cases to the health authorities, "the happy results of which and the preventive measures involved could be seen in New York, where the consumptive death rate had decreased thirty per cent in a few years." This notification, Dr. Van Rynn added, should exist in all countries, because to destroy the infection centers it is necessary to be informed where they exist. Dr. Andvord of Christiania, said there had been compulsory notification in Norway since January 1, 1901, and it had not had the disturbing effect expected. An English delegate said compulsory notification was impossible in England, owing to the public opinion against interfering with the sanitary conditions of homes.

Dr. and Mrs. J. Hamilton Todd have returned from an extended visit to the East. Dr. Todd expresses himself as having been greatly benefited by the rest, and change of scene and climate.—Oakland Tribune.

MEDICAL SOCIETY DIRECTORY.

STATE SOCIETIES AND ASSOCIATIONS.

SOCIETY	PRESIDENT	SECRETARY	NEXT MEETING
Alabama, Med. Assn. of the State of	Glenn Andrews, Montgomery	G. P. Waller, Montgomery	Talladega, April 21, 1903
Arizona Medical Association	H. W. Fenner, Tucson	Chas. H. Jones, Tempe	
Arkansas Medical Society	C. R. Shinault, Helena	J. P. Runyan, Little Rock	Jonesboro, May 12-14, 1903
California, Med. Soc. of the State of	F. B. Carpenter, San Francisco	George H. Evans, 807 Sutter St., San Fran.	Santa Barbara, April 24, 1903
Colorado State Medical Society	B. W. Corwin, Pueblo, Colo.	J. M. Blaine, 16th and Stout Sts., Denver	
Connecticut Medical Society	Gould A. Shelton, Shelton, Conn.	N. E. Wordin, 274 Fairfield Ave., Bridgeport	Hartford, May 27-28, 1903
Delaware, Medical Society of	E. S. Dwight, Smyrna	J. Palmer, Jr., 1900 Del. Ave., Wilmington	
District of Columbia, Med. Assn. of	Geo. N. Acker, Washington	Monte Griffith, Washington	Washington, Oct. 7, 1903
Florida Medical Association	J. Harris Pierpont, Pensacola	J. D. Fernandez, Jacksonville	St. Augustine, April 8, 1903
Georgia, Medical Association of	Chas. Hicks, Dublin	Louis H. Jones, Atlanta	Columbus, April 15, 1903
Idaho State Medical Society	H. A. Castle, Pocatello	Ed. E. Maxey, Boise	Moscow, October 9-10, 1902
Illinois State Medical Society	M. L. Harris, Chicago	E. W. Weis, Ottawa	Chicago, May 19-21, 1903
Indiana State Medical Society	A. W. Brayton, Indianapolis	F. C. Heath, 19 W. Ohio St., Indianapolis	
Indian Territory Medical Assn.	Geo. W. West, Eufaula	Fred. S. Clinton, Tulsa	
Iowa State Medical Society	J. Taggart Priestley, Des Moines, Ia.	V. L. Treynor	Sioux City, Ia., May 20-22, '03
Kansas Medical Society	J. W. May, Kansas City	W. E. McVey, Topeka	Concordia, May 6-9, 1903
Kentucky State Medical Society	W. W. Richmond, Clinton	Steele Bailey, Stanford	Louisville, May 12, 1903
Louisiana State Medical Society	I. Dyer, 124 Baronne St., N. O., La.	A. C. Friedrichs, 641 St. Charles St., New Or., La.	New Orleans, Apr. 23-24-25, '03
Maine Medical Association	Frederic Henry Gerrish, Portland	Chas. D. Smith, 126 Free St., Portland	
Maryland Med. and Chir. Faculty of	Wm. T. Howard, Baltimore	J. W. Lord, 24 W. Franklin St., Baltimore	Baltimore, April 28, 1903
Massachusetts Medical Society	G. E. Francis, Worcester, Mass.	F. W. Goss, Roxbury	Boston, June 9-10, 1903
Michigan State Medical Society	Leartus Connor, Detroit	A. P. Biddle, 57 W. Fort St., Detroit	
Minnesota State Medical Society	W. A. Hall, Minneapolis	Thos. McDavitt, St. Paul	
Mississippi State Medical Assn.	H. L. Sutherland, Rosedale	C. H. Trotter, Winona	Greenville, April 21-23, 1903
Missouri, Med. Assn. of the State of	D. C. Gore, Marshall	E. J. Goodin, Limnar Bldg., St. Louis	Excelsior Sp'gs, May 19, 1903
Montana, Medical Association of	T. J. Murray, Butte	B. C. Brooke, 6th and Main Sts., Helena	
Nebraska, State Medical Society	A. B. Anderson, Pawnee City	A. D. Wilkinson, Lincoln	Lincoln, May 5-7, 1903
New Hampshire Medical Society	Irving A. Watson, Concord	G. P. Conn, North Main St., Concord	Concord, May 21-22, 1903
Nevada, Medical Association of	A. Huffaker, Carson	A. E. Hershisier, Reno	
New Jersey Medical Society of	J. D. McGill, Jersey City	Wm. J. Chandler, South Orange	
New Mexico Medical Society	W. G. Hope, Albuquerque	J. F. McConnell, Las Cruces	E. Las Vegas, May 13, 1903
New York State Medical Assn.	A. A. Hubbell, Buffalo	G. D. Lombard, New York City	New York, Oct. 21-23, 1902
N. Carolina, Med. Soc. of the State of	A. W. Knox, Raleigh	J. Howell Way, Waynesville	Hot Springs, 1903
North Dakota State Med. Society	H. D. Quarry, Grand Forks	E. C. Branch, Wheatland	Bismarck, May, 1903
Ohio State Medical Society	R. C. Brush, Zanesville	P. M. Foshay, 89 Euclid Ave., Cleveland	
Oklahoma Territory Med. Assn.	R. D. Love, Perry	E. O. Barker, Guthrie	
Oregon State Medical Society	C. J. Smith, Pendleton	A. D. Mackenzie, Portland	Portland, Sept., 1902
Pennsylvania, Med. Soc. of the State of	William M. Welch, Philadelphia	Cyrus Lee Stevens, Athens	Allentown, Sept. 16-18, 1902
Rhode Island Medical Society	George F. Keene, Howard, R. I.	F. L. Day, 240 Benefit St., Providence	
South Carolina Medical Association	M. Simmons, Charleston	T. P. Whaley, Charleston	Sumpter, S. C., Apr. 15-16, 1903
South Dakota State Medical Society	C. C. Gross, Yankton	J. L. Stewart, Irene	
Tennessee State Medical Society	S. R. Miller, Knoxville	D. J. Roberts, Nashville	Nashville, April 14-16, 1903
Texas State Medical Association	S. C. Red, Houston	H. A. West, Trust Co. Building, Galveston	San Antonio, April 28, 1903
Utah State Medical Society	I. A. E. Lyons, Salt Lake City	Geo. E. Robison, Provo City	
Vermont State Medical Society	J. B. Wheeler, Burlington	George H. Gorham, Bellows Falls	Burlington, Oct. 9-10, 1902
Virginia, Medical Society of	R. S. Martin, Stuart	L. B. Edwards, 106 W. Grace, Richmond	Newport News, Va., Sept. 23-5, '02
Washington State Medical Society	J. W. Bean, Ellensburg	A. H. Coe, Spokane	
West Virginia, Medical Society of	H. B. Stout, Parkersburg	W. W. Golden, Elkins	Charleston, May, 1903
Wisconsin State Medical Society	J. V. R. Lyman, Eau Claire	Charles S. Sheldon, Madison	Milwaukee, 1903
Wyoming State Medical Society	G. G. Verbruyck, Cambria	C. H. Solier, Evanston	Cheyenne, Sept. 9-10, 1902

CALIFORNIA COUNTY MEDICAL SOCIETIES.

NAME	PRESIDENT	SECRETARY	MEETS
Alameda County Med. Association	E. J. Overend, Oakland	A. H. Pratt, Oakland	
Fresno County Medical Society	Wilson Fowler, Fresno	Fred Twining, Fresno	First Tuesday
Kern County Medical Society	T. W. Helm, Bakersfield	Wm. S. Fowler, Bakersfield	
Lake County Medical Society	J. S. Downs, Lakeport	H. O. Brink, Lakeport	
Los Angeles County Med. Society	H. Bert Ellis, Los Angeles	C. G. Stivers, Los Angeles	First Saturday
Marin County Medical Society	A. H. Mays, Sausalito	W. F. Jones, San Rafael	
Orange County Medical Assn.	H. S. Gordon, Westminster	J. L. Dryer, Santa Ana	
Riverside County Medical Society	Louise H. Clark, Riverside	L. H. Clarke, Riverside	
Sacramento Society for Med. Imp.	F. W. Hatch, Sacramento	E. W. Twitchell, Sacramento	
Medical Assn. of San Bernardino	W. Thompson, San Bernardino	C. A. Mackechine, San Bernardino	
San Diego County Medical Society	R. L. Dolg, San Diego	T. L. Magee, San Diego	Second Tuesday
San Francisco County Med. Society	Louis A. Kengle, San Francisco	Wm. F. Barbat, San Francisco	Last Friday
San Joaquin County Med. Society	S. E. Latta, Stockton	C. R. Harry, Stockton	
Santa Barbara County Med. Assn.	Chas. Anderson, Santa Barbara	W. B. Cunnane, Santa Barbara	
Santa Clara County Med. Society	H. C. Brown, San Jose	W. T. McNary, San Jose	
Tri-County Medical Society		S. T. Pope, Watsonville	
Tulare County Medical Society	A. L. Wilson, Tulare	T. J. Patterson, Visalia	
Ventura County Medical Society	John H. Love, Ventura	C. L. Bard, Ventura	
Med. Soc. of Yuba and Sutter Cos.	T. P. Peery, Yuba City	E. W. Hanlon, Marysville	Quarterly